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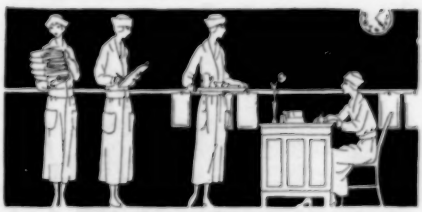

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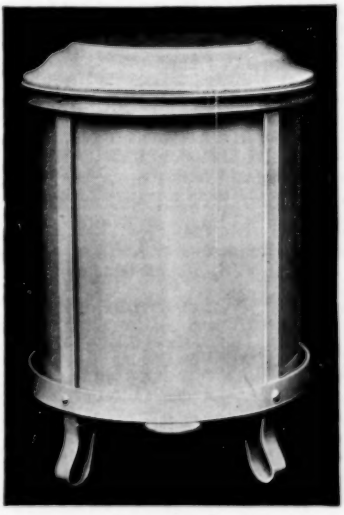

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## NOVEMBER, 1924

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# The Schick Test
## and
## Immunization from Diphtheria by Toxin Antitoxin

By M. J. McHUGH, B.Sc., M.B.
Assistant Physician, Queen Mary Hospital, Weston, Ontario

THE Schick test is a simple but very reliable clinical means of determining whether or not a person is immune from diphtheria.

The whole apparatus necessary for doing the Schick test can be obtained from any Board of Health. The apparatus consists of (1) an ordinary 1 cc record syringe divided into tenths; (2) a platinum iridium-tipped needle is best but any good steel needle, kept very sharp, will do; (3) two capillary glass tubes each about two inches long and fused at either end. One tube contains pure diphtheria toxin for the actual test; the other tube contains diphtheria toxin which has been heated sufficiently to destroy the toxin—this one is used as a control; (4) two small bottles each containing about 10 cc of normal saline solution. The tube containing the heated toxin is broken at one end; a small rubber bulb is put on over the broken end; then the other end is broken off and the contents expelled into the other bottle in a similar manner. A rubber cap is then put on over the mouth of each bottle. The best site for injection is the flexor surface of the forearm. The skin is well cleaned with alcohol; 2 cc of the contents of the bottle containing the heated toxin is withdrawn and injected into the superficial layer of the epidermis. The same process is repeated on the other forearm with the pure toxin. When properly done a little white spot or wheal, like a mosquito bite, about one-eighth inch in diameter, appears at the site of the injection. The needle should be inserted so superficially that its bore can be seen through the outer layer of cells.

The positive reaction is due to the effect of the diphtheria toxin on the epithelial cells of the skin and is dependent on the absence of antibodies in the blood of the subject; now if this small amount of toxin is injected too deeply the reaction, even if positive, will not be noticed on the surface, and a false sense of security may thus be given.

The reactions given are (1) positive, (2) negative, and (3) pseudo. In the positive reaction an area of redness appears in from 4 to 8 hours; this progresses, and may have a diameter of ½—1 inch in 48 hours, when it attains its maximum. Then there is dark brown pigmentation, followed by desquamation which may last from three to six weeks. The positive reaction indicates susceptibility to diphtheria.

In the negative reaction, there is only the traumatic effect—a slight area of redness which completely disappears in 12 to 24 hours. There is no pigmentation or desquamation. This reaction indicates immunity to diphtheria.

The pseudo-reaction is probably due to the special susceptibility on

the part of the subject to certain proteins present in the toxin solution. It may somewhat resemble the positive reaction, but it usually comes on sooner; the area of redness is less definitely marked; it disappears sooner and there is no pigmentation or desquamation. It is because of susceptibility that the control reaction is carried out. In the control the toxin is destroyed by heat and only the protein reaction can take place.

It has been proved by long and careful experimentation that the Schick test, when properly done, is very reliable; it is practically painless and does not cause a constitutional reaction, so it is quite safe.

In reviewing the literature on the production of immunity from diphtheria by the administration of toxin-antitoxin, it is interesting to note that the work which Park and Zingher began about ten years ago should have progressed so satisfactorily.

It is admitted by everyone that complete immunity from diphtheria would be ideal. To attain this, however, many practitioners hesitate to use the toxin-antitoxin method because so many severe reactions have been reported by a few observers, particularly when the toxin-antitoxin has been given to adults. As it is in children, however, in whom it is most desirable that immunity should be developed, it was thought that it would be of interest to determine what would be the result of giving toxin-antitoxin to children living under good conditions. The following work was done with this end in view.

Ninety-eight children at the Queen Mary Hospital and fifteen babies at the Davies Cottage of the Toronto Hospital for Consumptives, near Weston, were selected. In the group of children at the Queen Mary Hospital the usual custom of doing the Schick test at the beginning was not followed, as each child had received a protecting dose of diphtheria antitoxin about six weeks before the time at which this work was undertaken. A Schick test would, in such circumstances, be actually misleading as the immunity found would be only temporary.

On October 3rd, 1921, each of the ninety-eight children was given 1 cc of the toxin-antitoxin. They were then sent to bed; after about two hours' rest they were allowed to get up for supper. The next morning they were ready for school as usual. They were watched carefully and three only showed any signs of sickness; these were slight elevation of temperature and slight headache in all three cases, and slight vomiting also in one. So trifling was the sickness that a teaspoonful of castor oil was sufficient to effect a rapid cure in each case. (It may be noted that two of them stated that they had eaten some unripe fruit the day before.)

A week later 1 cc of toxin-antitoxin was again given. This time one child only, had a slight headache and slight elevation of temperature (99.2F) for five or six hours. Seven days later the third dose of 1 cc was given without any sickness following. The ages of the children were: —Four to 8 years, 37; 8 to 10 years, 25; 10 to 12 years, 23; 12 to 14 years, 8; 14 to 16 years, 5; total, 98.

None of the children above ten years of age were sick. In February, 1922, a Schick test was made on ninety-three of the above who were still in the hospital. Two were Schick positive (distinctly) and eight very slightly positive (five of these possibly pseudo). The two who were frankly positive were given the whole course over again; the other nine were given three doses of .5 cc each at weekly intervals. On August 3rd and 4th, 1922, another Schick test was made on seventy-nine of the above, including, fortunately, all

who were not negative in February. This time only four were very slightly positive, two of whom were those who were distinctly positive in February. Each of the four was again given three doses of .5 cc at weekly intervals. There was not the slightest reaction in any case.

Those children who were admitted to the institution after the first immunization were Schick tested at once and the positive cases treated as above; in no case was there sickness of any account as a result of the toxin-antitoxin.

In the Davies Cottage there were fifteen babies, whose ages ranged from one to four years. Here a Schick test was done on each at the start, November 21st, 1921. There were—Schick positive, 10; Schick negative, 5.

On November 26th, 1921, each of the positive cases was given 1 cc of toxin-antitoxin. There was no reaction to speak of, either local or general. On December 3rd, 1921, another cc was given to each; there was no reaction in any for three days. On the fourth day after, and during the following ten days, seven babies at the Cottage were seriously ill (temperature as high as 104 deg.—105 deg. F. in some cases, and vomiting with a gastro-intestinal disturbance). The reasons for believing that the sickness was not due to the toxin-antitoxin were:

(1) The sickness did not begin on the first, second, or even the third day after the toxin-antitoxin.

(2) When it did come on the fourth day one only got sick; another one on the fifth day; two more on the seventh; and the other three on the eighth day after, showing its probably infectious character.

(3) Most important of all, one baby, who, by the way, was the most seriously ill, was Schick negative and had not been given any toxin-antitoxin. However, after recovery they were not given any more toxin-antitoxin for about three months. About the end of February, 1922, another Schick test was made on each of them, and, although only two doses of anti-toxin had previously been given to each, only two were distinctly Schick positive and two very slightly positive. To the former, three doses of 1 cc each were given again at weekly intervals. To the latter, three doses of .5 cc each at weekly intervals were given. There was no sickness in any case as a result. About six months later, August 22nd, 1922, another Schick test was made on each and this time all were Schick negative.

Babies who were admitted to the Cottage within the past two and a half years were Schick tested and the positive cases treated as above. There was not any sickness following the doses. An interesting point in connection with the Schick test was noted in one case.

A baby was Schick negative when three years and eight months old and Schick positive six months later. Here, it is probable, that the so-called maternal immunity lasted for an unusually long time.

Park gives the following figures for susceptibility to diphtheria:—Under 3 months, 15 per cent.; 3 to 6 months, 30 per cent.; 6 months to 1 year, 60 per cent.; 1 to 2 years, 70 per cent.; 2 to 3 years, 60 per cent.; 3 to 5 years, 40 per cent.; 5 to 10 years, 30 per cent.; 10 to 20 years, 20 per cent.; over 20 years, 12 per cent.

From the previous results the conclusion is drawn that—

(1) There is practically no danger in the administration of diphtheria toxin-antitoxin.

(2) That it can readily be given to children in institutions and might be given in private practice.

(3) As to its efficacy, we can only say as a result of this series of immunizations that we have not had a single case of diphtheria in this in-

stitution since the work was started (covering a period of two and a half years)—an advantage which we did not have in any previous year.

(4) That a reasonable method of procedure seems to be; make a Schick test, and to each Schick positive case give 1 cc of the toxin-antitoxin at weekly intervals for three doses. Schick test again in, say, six to eight months. At that time those who have not been completely immunized will be Schick positive in varying degrees of intensity. To the few who are frankly positive the full course should be given again. To the others give in amounts roughly proportional to the degree of positiveness and test again in six to eight months. We do not know whether the immunity thus produced will be permanent or not: but we do know it has lasted for two and a half years and that the immunity produced by diphtheria antitoxin lasts only about 10 to 21 days; so that, at the least, we can say that toxin-antitoxin has a great advantage over ordinary antitoxin.

(5) Infants over six months can stand the full dose of toxin-antitoxin just as well as older children.

It might be of interest to state that, about six months after the babies in the Cottage were immunized, a nurse in attendance on them was found to be a carrier of a virulent strain of the diphtheria bacillus. Although she had nursed these babies for about three months none of them developed diphtheria.

Recently, we have done the Schick test as a routine on all our nurses going to isolation or other hospitals for training. So far, about 40 per cent. have been positive. These were given the usual doses of diphtheria toxin-antitoxin, and not one of them showed the slightest constitutional reaction.

## *School Inspector's Tribute to Junior Red Cross*

It is impossible to value the splendid work being done for the future citizenship of this province by Miss Wilson, Chief Red Cross Nurse in P.E.I. In the Inspectorate of which I have charge, a number of Junior Red Cross Societies have been active during the past year. Improvement in the hygienic conditions of the schools having societies has been very evident. Wherever the Junior Red Cross appears, the common drinking cup, and such-like relics of a bygone age, disappear. I would that all could realize that the fate of the future citizens of our country rests to a very large extent upon the vision, foresight, and indeed the common sense of our public school teachers. Can we not see that our country is doomed, unless we turn out from our schools young men and women of good character, having strong active minds in well developed vigorous bodies? All this, the Junior Red Cross Society is admirably suited to foster and develop. The children are taught the habits that produce healthy bodies and sound minds. They are taught to realize that "No man liveth unto himself," that we each contribute either good or evil to the community. In its plan of organization the idea of self-government and unselfish service is splendidly worked out.

Teachers of vision who are anxious to fulfil the sacred duty imposed upon them, of sending out from their schools healthy, well-trained citizens of good character, will I am sure avail themselves of the splendid assistance obtainable through the organization of a Junior Red Cross Society.

(Sgd.) L. W. SHAW,
Inspector of Schools.
Georgetown, P.E.I.

# — Editorial —

In Canada the last ten years have brought many developments in every field of nursing. The advance made in nursing education is very gratifying and we look with pride to our universities that have made this higher education possible. One rather hesitates to offer criticism, but many who have given the matter serious study feel that the present system of nurse education still leaves a great deal to be desired. The progress that we have made really touches only the minority of our nurses and a large percentage of our schools today are unable to report any marked progress in educational methods.

The great need throughout the whole of Canada is for qualified nurse instructors on the staff of the training schools. This request comes from hospitals large and small, and the need is not being met. Hospital Boards are ready and willing to pay for proper instruction, but the nurse with teaching qualifications is not available for this service. As all future development of nurse education depends on the students of today and tomorrow, it would seem that their education is the foundation-stone on which the nurses now responsible for nurse education should endeavor to build.

The problem to be solved is how to induce nurses to enter the teaching field. For some years the need of nurses in the public health field has been much emphasized, and nurses have qualified themselves for this branch of work, with the result that this need is now being met with far greater success than the need in the training schools. If the nursing organizations of Canada would give the same support and encouragement in solving the teaching problem that they have given to meet the demand for specially qualified public health nurses, the whole picture of nurse education would be changed in a very few years. Our universities have provided the necessary teaching facilities, and the Hospital Boards are anxious to secure the services of this specially qualified group.

Would it be possible for the year of 1925 to be devoted to meeting this need? Could the nursing organizations now providing scholarships for their members require that these scholarships be used for the teaching field of nursing? Could Alumnae Associations encourage the Hospital Boards to grant scholarships and in this way train their own instructors? Many nurses would enter this field of work if they were encouraged to do so. This encouragement need not always be shown in a financial way since nurses often prefer to finance their own education and have no obligations to meet afterwards. If this outstanding need in the majority of Canadian schools could be definitely stressed at several meetings of every nursing organization affiliated with the Canadian Nurses' Association one feels confident that the solution would be forthcoming.

# International Aspects of Nursing

By BARONESS SOPHIE MANNERHEIM

(Read at the Conference of the International Council of Women, held at the British Empire Exhibition, Wembley, England, May 5, 1924)

COMING as I do from one International gathering, that of the General Council of the League of Red Cross Societies, and having the pleasure of attending this wonderful meeting of women from all parts of the world, I feel Internationalism to be, so to say, in the air which the people of the present day are breathing, one of the real attainments we have arrived at, and it seems incredible that twenty-five years ago the work international could come as a revelation, opening up new vistas to a few whose mission it became to make the rest of the groups of workers, of thinkers, of strivers, see its greatness.

So it was in the case of nursing, and it is with great reverence and admiration that I recall the names of those pioneers of the International Movement in Nursing,—Mrs. Hampton Robb from America; Dr. Anna Hamilton from France; Schwester Agnes Karll from Germany, and last, but not least, the English member of the group, Mrs. Bedford Fenwick, whose inspiring influence, brilliant gifts and eminent talent of leadership made her the head of the organization started in 1899 in London under the name of "The International Council of Nurses", which had its first big meeting in Buffalo, U.S.A.

It was an inspiration, this thought of the representatives of the nursing profession meeting from all parts of the world to discuss the work which is theirs, and the professional problems confronting them. It stood like a beacon, attracting the eyes for which it was meant—those of the nurses of the world—and drawing them together to some wonderful meetings. Let me tell you of my first experience of such a meeting, that of 1907 in Paris, and let me do it as subjectively as it comes to my mind: I had been, as I think we nurses all do, working hard, thinking of my patients, of my hospital, and of the small round of problems confronting me. This was my world; not a very large one, but to me, absorbing, and I was getting into the way—characteristic of many nurses—of absorbing myself in my work with eyes stiffly fixed on what was in hand, and never looking round the corner. I did not even know there was danger in such absorption, when suddenly, one day I heard or read the words—"The International Council of Nurses is going to meet". That set me thinking. "What is this?" I said to myself. "Is there a special kind of nurse called "International", or do we all—do I myself—belong to this group?" A thought thrilling me to my very soul. I had to find out, and decided to go to Paris, where the Congress was to be, to do so. I will never forget this first meeting with

the international spirit which is now so familiar to us all; the wonderful feeling of being among friends; the everlasting joy of being able to "Talk shop" without tiring your audience; the revelation suddenly dawning upon you that your own little problems were the problems of your sisters all over the world, and that, borne together, they would hereafter feel lighter; that you would get help from all the hands you had touched, from the words you had heard; that you could go home, but you would no more be alone in your work. You were a changed being, your soul had lifted its wings for the first time and seen the sun of universal sisterhood. I can recall this meeting as though it had taken place yesterday: Mrs. Bedford Fenwick in the Chair, Miss Isla Stewart with her warm heart and quick wit; Mrs. Hampton Robb, the big woman with a voice like the music of her beautiful soul, Miss Nutting; and our wonderful little secretary, Miss Dock, who was first "Votes for Women" and then last, but not least, a nurse. And the audience: The keen faces, the bright eyes of those women, many of whom wore the uniforms of the profession in their respective countries. It was a sight and an impression never to be forgotten.

This meeting in Paris was followed in 1909 by one in London. Then in 1912 there was another gathering in Cologne, Germany, in which Russian policy of that time prevented Finland taking part as a country, and then came the great catastrophe, doing away, while it lasted, with most of the ideas of internationalism. And yet the idea survived. Like the soldiers buried in the ground, who at last after years of life, that was not life, could come out of their trenches and see the light of the sun and the green earth again, the seed, which once had been sown and then checked in its growth and obliged to keep low, lifted its head and began to unfold, even if very feebly at first. The first meeting of the Executive of our Council after the war, that of 1920 in Atlanta, Georgia, counted two representatives from Europe, the one from Denmark and the one from Finland, which, beside those from Canada and the United States, formed the whole of the gathering, and yet it was felt that the idea could not be allowed to die. We, who were made for that office, would have to nurse our poor stricken child back to life again, even if the terrible illness caused by the war lasted longer than we could foresee. And I am glad to say that the next meeting took place in 1922 in Copenhagen, and that now we are all united again and ready to cope with the new problems confronting the International Council of Nurses.

Up till now, we have been working for the best of our profession to the best of our abilities. We have been accepting as members of our circle all the countries of the world, where the nurses had organized on a professional basis, and we have been helping them to stand firm for the solution, in the way that we considered to be right, of the questions confronting every organization of this kind. Now, it seems as if this was not enough, as if new vistas were opening before us; a larger scope offering itself to our activity.

Nations where nursing was unknown have suddenly, by the war, come to the realization of their shortcomings. They want nurses. They want the right education for those nurses. They want them to be as effective and as professional as the nurses of the countries long-ago organized. Those nations turned to the sign that had been a token of help during the great disaster, to the Red Cross, and the Red Cross did all in its might to help them. The American Red Cross gave money and

organized schools of nursing of the highest order put in charge of American nurses, who, working in the beautiful spirit characterizing their nation, stayed on only until the native women were found capable of taking over the work. The Nursing Division of the League of Red Cross Societies in Paris also did most excellent work in giving assistance in many ways, by advice, by money, by visits of members of its staff, and by giving education in institutions with high and old traditions, to people from those new countries who were to become the leaders of the new movement in their respective lands. It is to this end that the League of Red Cross Societies has instituted the course at Bedford College in Public Health Nursing for International Students—a course which is giving the best possible results, and beside that, it has sent fully-trained and capable nurses to start schools in countries where the demands for such schools were pressing, until such a time as there should be a woman of the country trained and ready to take over the work.

Through the courtesy of the League of Red Cross Societies, I have been put in a position to see parts of the work done by its Nursing Division, and I must say that never have I realized, as now, the wonderful help the older and more experienced country can be to the younger one; the great need for help and advice existing and eagerly sought; and the truth of the old saying "noblesse oblige".

We, the older countries with organized systems of education, with nurses organized on a professional basis, had everything. We were meant to give our experience, all we had attained, to the countries that were so eagerly calling for it in the difficulties of their organizing. And I am glad to say, that through the Red Cross they are getting this information, that the Red Cross is gathering it from the countries where the best is attained in nursing; and the nurses of the world are helping it in its endeavors to give assistance and support to the nursing coming into existence. It was strongly felt that, to secure experienced advice, the Red Cross ought to confer with representatives of the profession, and to that end an Advisory Board of Nursing composed of six professional experts was this year nominated by the League of Red Cross Societies in Paris, and has for the first time given its recommendations as to the nursing policies of the League.

So, to resume this very brief outline of international aspects in nursing, there is at present existent the International Council of Nurses, which is the professional union of all nursing organizations founded on a professional basis.

There is the work being done for the betterment of Nursing Education and Organization in countries where those things were unknown. Much of this work is done by the League of Red Cross Societies and the National Red Cross organizations.

There are, for the education of International Students for leadership in their own countries in Public Health Nursing and in Administration and Teaching in Schools of Nursing, two courses in London in connection with Bedford College for Women, and lastly, there is the Advisory Board of Nursing of the League of Red Cross Societies in Paris, whose duty must be to co-ordinate and direct the work done, so that it is pointing toward the same goal, viz:—the prevention and relief of suffering through a nursing profession well equipped for this attainment, and with the highest professional ideals.—(International Council of Nurses, Bulletin No. 111.)

# A Daughter of Canada

(Continued)

By JEAN E. BROWNE

## *Miss Snively's Work in the Toronto General Hospital*

MISS SNIVELY graduated in 1884, and immediately after she had completed her training, she accepted the position of Lady Superintendent of the Toronto General Hospital. She assumed her new duties on December 1st, 1884.

An attempt had been made in 1881 to establish a training school for nurses in the Toronto General Hospital. The hospital work before this date had been carried on by untrained nurses who were, for the most part, illiterate women. In April, 1881, the Hospital Board gave the seventeen nurses then in the hospital an opportunity of enrolling in the training school on the following conditions. They were to remain for two full years in the hospital, during which time they were to receive instruction. At the end of that period they would be required to pass an oral examination before a board of examiners. Those who passed should receive a certificate signed by the examiners and the hospital authorities, and also a silver badge. At the end of 1883, only five nurses won the much-coveted certificate.

The first superintendent of the training school was an English lady, Miss Harriet Goldie. She was not a trained nurse herself, but she had been matron of the hospital for six years. Two years later she resigned and her assistant, Mrs. Fulford (nee Miss Storry), a graduate of an English hospital, was appointed to the position and remained for about six months. She was followed in March, 1884, by Miss Lucy V. Pickett, a graduate of the Massachusetts General Hospital Training School in Boston. Miss Pickett resigned in October of the same year, having held the position only eight months.

It is obvious that with so many changes, conditions were not favorable for the developing of a training school. When Miss Snively came to the Toronto General Hospital on December 1st, 1884, she found the situation an exceedingly difficult one, and it required a woman of her courage to stay and face it.

At this period there were twenty-seven nurses in training and seven graduate nurses in charge of wards. The conditions under which they worked in the wards were most unsatisfactory. There was no system of work or study, no written orders, no history records, and no system of obtaining necessary ward supplies. The conditions of living were distressing. There was no nurses' home and so the nurses were obliged to occupy rooms in various parts of the hospital. These rooms were invariably cold in winter. The nurses slept on straw beds without springs and ate in a dining-room in the basement, opposite the engine room.

Miss Snively realized that this state of affairs would have to be changed. She appealed at once to the Hospital Board for a nurses' re-

sidence. It is significant to note that the residence was completed in July, 1887.

Gradually, the whole training school was reorganized. Courses of lectures by the visiting physicians and surgeons were arranged. Classes in nursing and nursing ethics were taken by Miss Snively herself, and a written examination at the termination of training was introduced. System was introduced in the wards, and a wise discipline made itself felt. Gradually, young women of good education were attracted to the school. Gradually, too, Miss Snively was able to impress her own high humanitarian ideals on her school. The outstanding characteristic of this school has been devotion to the welfare of the patients.

Miss Snively remained for twenty-five years as Lady Superintendent of the Toronto General Hospital. This position included the duties of Matron of the Hospital and Superintendent of the Training School. When she left in 1910, she handed on to her successor a school which was not only highly organized, but which was known throughout the nursing world as embodying the highest ideals in nursing.

On December 1st, 1909, the twenty-fifth anniversary of the day Miss Snively came to the General Hospital, the Alumnae Association held a reception in her honor. To it were invited not only all graduates of the school and the visiting doctors, but also the prominent citizens of Toronto. There are those who still recall the queenly grace of Miss Snively on that occasion. Dr. J. F. W. Ross congratulated Miss Snively on behalf of the medical profession. An illuminated address accompanied the gift of a silver purse and a cheque for $1,000 from the Alumnae Association. No one knew that this was the occasion of Miss Snively's resignation until the announcement was made by Mr. Joseph Flavelle, the chairman of the Board. He also announced that the Board was giving Miss Snively an annuity of $700 for her life-time.

To many of the graduates of the training school, Miss Snively's resignation seemed almost a catastrophe. She and the school seemed one. She had been taken for granted, just as mothers are. It was a revelation to many of her graduates to realize how deep-rooted was their admiration and devotion for her. The following letter is typical of many that came at this time:—

My dear Miss Snively,—

My heart is so full this day that I cannot let the sun go down without giving expression, however feeble and inadequate, to my feelings.

Not alone should all we nurses thank you for the fact that we raise our heads with conscious pride when we announce ourselves as graduates of your training school, but more than anything should we be grateful for the influence which you have had over us during our training and ever since. Never have we seen you choose the easiest way because it was the easiest. We have always seen you brave unpopularity when the right issue was at stake. Time and time again have we seen you ignore physical and mental weariness and shoulder your burden, and we have always known you to turn a tender and pitying ear to the cry of pain. However far short we have fallen from the ideal you have had for us, we cannot fail to have been influenced by your spirit.

For myself, I can say you have been my good friend these fourteen years, and I know it more and more every day. I thank you again and again for all you have done for me, and my only regret is that having disappointed you so often I have to ask you to forgive so much.

Yours very lovingly,

(Sgd.) JANET NEILSON.

295 Carlton St., Toronto,
Dec. 1st, 1909.

## The Organization of Nurses in Canada

It is obvious that in order to maintain standards there must be solidarity behind them, and solidarity can

only come through organization. Miss Snively was quick to recognize this fact in connection with nursing. For years she had belonged to the American Nurses' Association, but it was not until 1907 that she and other outstanding members of the nursing profession were able to organize the first Canadian Association. This first attempt included only the superintendents of training schools and was known as "The Canadian Superintendents' Association." Through a broadening-out policy, this later became "The Canadian Association of Nurse Education," with a practically unrestricted membership. It augurs well for the spirit of nursing in Canada that in 1923 the members of this Association quite voluntarily voted that the C.A.N.E. lose its identity in order to have a strong section on nurse education formed in the Canadian National Association of Trained Nurses. Although this entailed considerable sacrifice for members of years' standing, still it was done because they believed it to be in the best interests of nursing in Canada.

In 1908, Miss Snively was the leading spirit in organizing the Canadian National Association of Trained Nurses. Every nurse whose qualifications came up to the requirements was eligible for membership in this body. It was a truly national organization, with members from coast to coast of Canada. At the time it was organized there were only two provincial organizations, but the wisdom of the pioneers who planned its constitution has been amply demonstrated. It pointed the way to the provinces, and since, in Canada, we have a fundamental political sense of provincial autonomy, there soon developed strong provincial associations. The national association has, therefore, developed into a co-ordinating agency between the provinces, with the sole object in view of raising the standards of the nursing profession and maintaining those humanitarian ideals always insisted on by the founder. A comparatively recent development has been the forming of sections. There are now three sections—public health, private duty and nurse education. Each section has its own officers and is practically self-governing. The national executive confines its administration to matters of common weal to the profession at large and to international affairs. At the general meeting held in Hamilton in June, 1924, the name was changed to "The Canadian Nurses' Association."

In 1909, Miss Snively brought added prestige to Canadian nurses by affiliating our national association with the International Council of Nurses at its triennial meeting in London, England. When the International Council had been first organized in 1899, Miss Snively was made Honorary Treasurer. She occupied this office for five years and was a Vice-President for four years. To quote from Miss Snively's own report:—"Canada's representation in the International Council at this time was individual not national." The Canadian Superintendents' Society could not become affiliated with the International Council because of its restricted membership, but in 1908, when the national organization was formed, application was made for affiliation with the International Council. The request was granted, and Canada was officially welcomed with becoming ceremony at the London meeting in 1909.

The following is an excerpt from the report made by Miss Nora Tedford, of Montreal, on the proceedings of the International Congress held at Church House, Westminster, London, July 19th-24th, 1909:

"Presidents, delegates and representatives were there from the National Councils of Great Britain, Ireland, United States, Germany, Hol-

land, Finland, Denmark, Canada, Sweden, Switzerland, Australia, Tasmania, Belgium, Cuba, France and Japan. After the address of welcome by the President of the Council, Mrs. Bedford Fenwick, and after the reports of Federated Councils were presented, the Presidents of the National Associations of Holland, Finland, Denmark and Canada were introduced as the first part in the ceremony of accepting the associations of these four countries into membership. Each of the four Presidents there gave a short synopsis of the status of nursing in the country which she represented. Miss Snively presented the following report for Canada:

'In presenting this meagre report of the status of nursing education in Canada, I wish to point out that the facts are gleaned from the reports of seventy schools, ranging in size from ten to one hundred pupils and stretching from the Atlantic to the Pacific.

'Although the nurse training schools in Canada are few compared with those of more densely populated countries, nevertheless, a large percentage are being conducted on modern lines. Many of the schools have provided substantial scholarships and prizes. Teaching by demonstration and clinical instruction prevails in most of the schools.

'The school nurse has begun her beneficent work in Canada. The district nurse becomes more indispensable each year. Social relief and tuberculosis work are actively carried on.

'Canada has its Nursing Journal, and there is a progressive Canadian Nurses' Association.

'Canada has made three unsuccessful attempts to secure registration of trained nurses. She is not discouraged, however, but hopes that the not too far distant future may bring this much desired good. The law of worthy life is fundamentally the law of strife.'

"Following Miss Snively's report, Miss Huxley, Past President of the Irish Nurses' Association, welcomed the Canadian National Association and congratulated Miss Snively and the Canadian nurses on their achievements. Miss Huxley then presented Miss Snively with a beautiful bouquet of yellow roses. After Miss Snively had expressed her thanks, the audience rose while the stirring strains of "The Maple Leaf" and "God Save the King" resounded through the hall.

"At the close of the sessions, Miss Snively was presented with a beautiful bouquet of orchids and lilies-of-the-valley from the Canadian delegates."

(To be continued)

## *The Hospital and the Art of Living*

The hospital, originally designed to relieve the indigent, outgrew that limitation when it included the treatment of all classes of the sick and afflicted. As a further development it is now beginning to assume its position as a community laboratory in the prevention of pain, distress and sickness and to accept a responsibility as the community's institute or college where the art of living may be studied.

Prevention is an ideal not yet fully worked out. How to live to get the most and the best out of health is a step still beyond. Health will avail slightly unless we know how to enjoy it. The hospital in the future will give attention to living.—(From "The Modern Hospital," Oct., 1924.)

# Report of Annual Meeting of American Hospital Association

The American Hospital Association held its twenty-sixth annual conference in Buffalo, opening Monday, October 6th, and closing the sessions, Friday, October 10th. Several other organizations held conferences at the same time, among them being the Protestant Hospital Association, the American Occupational Therapy Association, the Hospital Dietetic Council and the American Association of Hospital Social Workers.

There were several interesting guests from Great Britain, New Zealand, China and other countries, which added greatly to the interest of the discussion of the many topics. The President of the Canadian Nurses' Association was invited to attend the Conference as a guest representing Canadian nurses.

The programmes of the different organizations were most interesting and instructive, but it is impossible even to begin to outline the subjects discussed. All were of interest to nurses, as the work of the different groups of hospital workers is so closely linked up with the nursing service. The Nursing Section of the American Hospital Association held its annual session on Wednesday evening, October 8th. The session was very well attended and great interest was shown in the subjects under discussion. It is worth making a special note of the fact that the audience was not made up solely of nurses. A great many hospital trustees, superintendents of hospitals and other hospital workers attended the session. The report of the Committee on Training School Budgets was given by Dr. George O'Hanlon of Bellevue Hospital, New York. This report was the same as presented by the League of Nursing Education in Detroit in June. The committee endorsed the report of the League of Nursing Education and used this report as a basis for discussion. The question of the Training School Budget is a very complicated one and requires careful study, but judging from the general opinion expressed, the time is near when this question will have to be considered by all schools for nurses. Other topics discussed were "The Training School Committee," "The Responsibility of the Training School in Preparing Nurses for the Special Fields of Nursing," and "The Extent to which the Hospital Should Depend on the Student Nurses for the Nursing Service to the Patients." Those subjects were very practical and were presented in a very practical and helpful manner.

The officers of the Nursing Section for the coming year are:—Chairman, Miss Sally Johnson, Director of Nurses, Massachusetts General Hospital, Boston; Secretary, Miss Alice Gilman, Secretary, Board of Nurse Examiners, Albany, New York.

The Exposition held in connection with the Conference rivalled the programme and discussions in the interest of all who attended. The headquarters of the Conference were at the Armories, and this provided a very large and suitable space for exhibiting booths. All types of hospital supplies, from the actual constructions of the hospital down to the last detail in small equipment, found a place in some of the booths of the Exposition. Many stood spellbound before some coveted piece of equipment and dreamed dreams. Judging by the active interest shown and the practical demonstrations arranged for by the individual hospitals, many of these dreams will come true in the near future.

## Victorian Order Nurses at National Conference, Ottawa, September 24th-26th

First Row, from left to right: Miss Lanctot, Ste. Anne de Bellevue; Miss M. E. Hanna, Hamilton; Miss A. L. Prichard, Dist. Supt., Winnipeg; Miss Margaret Moag, Dist. Supt., Montreal; Miss S. L. Smellie, Chief Superintendent; Miss Edith Campbell, Dist. Supt., Toronto; Miss Mary Boswell, Eastern Supervisor; Miss Mary Stevenson, Central Supervisor; Mrs. E. D. Calhoun, Dist. Supt., Vancouver; Miss L. M. Henry, Waterloo.

Second Row: Miss E. Leader, Kingston; Miss Mary F. Campbell, Dist. Supt., Halifax; Miss L. M. Sigsbee, Rosemount; Miss Dora E. Coates, Dist. Supt., St. John; Miss Grace Cunningham, Westmont; Mrs. M. R. Moore, Montreal; Miss M. E. Jackson, Dist. Supt., Ottawa; Miss Harriet Ashe, Calgary; Miss E. M. Hughes, Toronto; Miss A. Burnes, Sackville, Miss K. Cowan, Mrs. Campbell, Ottawa.

Third Row: Miss L. Wilson, Arnprior; Miss H. Crowe, Pembroke; Miss B. W. McRoberts, Smith Falls; Miss E. M. Wedic, Marysville; Miss Jessie Lower, Fredricton; Miss M. E. Nash, Montreal; Miss E. G. Graham, Montreal; Miss A. C. Sargeant, Cornwall; Miss Amy Howe, St. Catharines; Miss Olive Rae, Saskatoon; Mrs. L. M. Kelly, Brampton.

Fourth Row: Miss Mabel Hartling, Whitby; Miss L. M. Gray, Renfrew; Miss M. Duffield, London; Miss Winnifred Hawkins, New Liskeard; Miss S. Savage, Preston; Miss Taylor, Brentford; Miss E. M. Ratz, Sherbrooke, Miss C. R. Dowling, Montreal.

# Report of National Conference of Victorian Order Nurses

Victorian Order Nurses from all parts of the Dominion met in the city of Ottawa during three of the most perfect days of the Canadian year, September 24th, 25th, and 26th.

These fifty-five devoted nurses, enthusiastic in the service of so great a cause, garbed in the attractive two-blue uniform of the Victorian Order, were representative of all phases of public health activities throughout the country.

Meeting thus in one of the most successful gatherings in the history of the Order, nurses from the East co-related ideas of service with nurses from the West, and discussed local problems for mutual benefit. In addition to strengthening the bonds that exist among those who group together for the betterment of humanity, guided by that spirit of service which characterizes the Victorian Order nurse, the business of the Conference was concerned with the larger matters that affect the Order nationally.

Much was accomplished during these short days in the way of interchange of ideas, resulting in recommendations of benefit to the nurses themselves, and the work of the Victorian Order as a whole, which, being "for Canada," is translated as beneficial to the future health of all Canadian peoples.

Resolutions affecting the policy of the Order were presented to the Advisory Committee on Nursing for the Executive Council of the Victorian Order for Canada, on Friday morning, September 26th. Mrs. R. W. Reford, Montreal, convener of the committee, presided at this meeting and received the recommendations from the nurses.

The representative nurses were as follows: Miss E. L. Smellie, Chief Superintendent; Miss Bertha E. Hall, Assistant Superintendent; Miss Mary Boswell, Eastern Supervisor; and Miss Mary Stevenson, Central Supervisor, for the Central Board.

**British Columbia**: Mrs. Eva D. Calhoun, Dist. Supt., Vancouver.

**Alberta**: Miss Harriet Ashe, Calgary.

**Saskatchewan**: Miss Olive Rae, Saskatoon.

**Manitoba**: Miss A. L. Prichard, Dist. Supt., Winnipeg.

**Ontario**: Miss Edith Campbell, Dist. Supt., Toronto; Miss M. F. Jackson, Dist. Supt., Ottawa; Miss Gray, Renfrew; Miss L. M. Henry, Waterloo; Miss Edith Leader, Kingston; Miss Hattie Crowe, Pembroke; Miss Hanna, Hamilton; Miss A. C. Sargeant, Cornwall; Miss Sadie Savage, Preston; Miss Anna McKee, Galt; Miss E. M. Hughes, Toronto; Miss Cowan, Sarnia; Miss Winnifred Hawkins, New Liskeard; Miss B. W. McRoberts, Smith's Falls; Miss Taylor, Brantford; Mrs. L. M. Kelly, Brampton; Miss M. Duffield, London; Miss A. Howe, St. Catharines; Miss Latimer, Miss Isabel McCann, Miss A. St. Marseille, Miss Suzanne Smythe, Miss Le Couteur, Miss Stella Powers, Miss Jean McEwen, Miss Hazel Latimer, Miss Alice Beauchamp.

**Quebec**: Miss Margaret Moag, Dist. Supt., Montreal; Miss Nash, Miss Christine Dowling, Mrs. Mary Moore, Miss Sigsbee, Miss Ethel Graham, Montreal; Miss Findlay, Miss Mabel Hardie, Lachine; Miss Lanctot, Ste. Anne de Bellevue; Miss Grace Cunningham, Westmount; Miss E. M. Ratz, Sherbrooke.

**Nova Scotia**: Miss Mary F. Campbell, Dist. Supt., Halifax.

**New Brunswick**: Miss Dora Coates, Dist. Supt., St. John; Miss Pansy

Burns, St. John; Miss Jessie Lower, Fredricton; Miss Elizabeth Wedic, Marysville; Miss Ada Burns, Sackville.

The first concern of the Conference, presided over by Miss Smellie, Chief Superintendent, was the consideration of a Nursing Manual, covering the general routine care for patients in the home and other activities. After a general discussion it was decided that the Manual should be published and distributed at as early a date as possible, subject to the approval of Executive Council.

The statistical report forms for compiling the work of the nurses of the Order were considered, and many changes and additions, as presented by Miss Bertha Hall, Assistant Superintendent, were discussed and approved. It was thought that the new revised report forms will now present a more complete and adequate picture of the services rendered for the people of Canada by the Victorian Order nurses.

Mrs. J. B. Fraser entertained the members of the Conference very delightfully during the tea hour at the Country Club, Aylmer, one of Ottawa's most beautiful and exclusive resorts.

Miss Smellie and Miss Hall were joint hostesses at a most enjoyable and informal reception in the Daffodil Tea Rooms on Wednesday.

The Conference meeting at 8.30 a.m. Thursday, September 25th, was urged to subscribe to all current literature dealing with the various aspects of public health work. This was followed by lengthy discussions on subjects such as Insurance for Nurses; Hours on Duty; Uniforms; Status of Nurses; Salaries; Fees; Co-operation and Publicity.

Resolutions were framed concerning the care of nurses who contract illness while in the services of the Order; with the subject of more specific rulings for the carrying on of the activities of the Victorian Order today under Royal Charter; and also certain changes in uniform. These resolutions were presented to the Advisory Nursing Committee of the Executive Council, on Friday morning, September 26th, by Miss Boswell, Eastern Supervisor, and were to be considered by the Executive Council on October 16th, 1924.

On Thursday evening friends of the Order were waiting outside the entrance of Carnegie Library, where the meetings of the Conference were held, to take the nurses for a motor drive over the Ottawa Driveway, Canada's most beautiful highway. The route lay along the Rideau Canal to its junction with the Ottawa River, through Major Hill Park, with its magnificent view of the river, spanned by the Interprovincial Bridge, which connects the sister cities of Ottawa and Hull, one representing English-speaking and the other French-speaking Canada. Beyond Hull, into Quebec, lay the long, low line of the Gatineau Hills, softly tinted in autumn coloring. Following the Driveway along the river to Rockcliffe, Ottawa's natural park, the grounds of Rideau Hall were reached. This being the home of the Honorary President of the Order, Her Excellency the Lady Byng of Vimy, was of particular interest to the nurses. From Rockcliffe the drive continued out to the Dominion Experimental Farm, and the return to the city was made in the glow of an autumn sunset.

The Executive Council entertained at luncheon on Thursday. Lady Borden presided, and Major-General Ashton, Dr. Gunn, Mr. Frank Lynch, Mr. E. S. Houston, Mrs. J. B. Fraser, Col. A. Z. Palmer represented the Executive Council. Mrs. R. W. Reford was hostess at a luncheon on Friday at the Chateau Laurier.

The three days' Conference ended with an inspection of the Central Offices in the Jackson Building, and interviews with the Chief Superintendent, Miss Smellie.

# *Proposed Programme for the Congress at Helsingfors, 1925*

(Unless otherwise stated all meetings are open to registered visitors)

## MONDAY, JULY 20

9 a.m. to 5 p.m.—REGISTRATION.

10 to 12 a.m.—EXECUTIVE COMMITTEE MEETING (open only to the Executive Committee).

2 to 5 p.m.—GRAND COUNCIL MEETING (open only to voting delegates and officers).

3 to 4.30 p.m.—MUSICAL SERVICE IN CHURCH OF———

8 p.m.—OPENING SESSION: Baroness Mannerheim, President, presiding.

Address of Welcome: Representative of Helsingfors City Council.

Response: Baroness Mannerheim.

Addresses: Miss Forchhammer of Denmark, representing the International Council of Women; Mr. Branting of Sweden, representing the League of Nations; Mrs. Bedford Fenwick of England, Founder of the International Council of Nurses.

## TUESDAY, JULY 21

10 to 12 a.m.—BUSINESS SESSION: Baroness Mannerheim, President, presiding.

Welcome by the President.

Report of Local Committee on Arrangements.

Reading of Minutes of last Meeting.

Report of Secretary.

Report of Treasurer.

Report of Standing Committees:

Programme.
Eligibility.
Revision.
Education.

New Business.

2 to 5 p.m.—BUSINESS SESSION: Baroness Mannerheim, President, presiding.

Report of the Vice-Presidents (14 countries).

Report of the Hon. Vice-Presidents (10 countries).

8 p.m.—GENERAL SESSION: Baroness Mannerheim, President, presiding.

Introduction of new National Organizations and new Associate National Representatives.

Short talks by Councillors representing older National Associations on the International Council of Nurses.

## WEDNESDAY, JULY 22

8.30 to 9.45 a.m.—ROUND TABLES:

(1) The Position of the Matron or Superintendent of Nurses. Chairman- Miss Donaldson, Matron, Royal Infirmary, Glasgow.

(2) The Duties and Preparation of Teachers and Supervisors. Chairman: Miss Gullan, Sister Tutor, St. Thomas's Hospital, London.

(3) Newer Developments in Child Welfare Work. Chairman: Miss Paterson, Plunket Nurse, New Zealand..

(4) How to start a Nursing School in a New Country. Chairman: Miss Scott Hay, Chicago.

(5) Nursing under Government Auspices. Chairman: Major Julia Stimson, Superintendent, Army Nurse Corps, U.S.A.

10 to 12 a.m.—GENERAL SESSION: Miss Nutting, Director, Department of Nursing and Health, Teachers' College, New York, presiding.

SUBJECT: ADMINISTRATION AND TEACHING IN SCHOOLS OF NURSING.

(a) Changing objectives in the Education of Nurses.—Miss Goodrich, Dean, School of Nursing, Yale University.

(b) What are the Essential Elements in a Nursing Curriculum?—Miss Gage, Chairman, Section on Nursing Education, Nurses' Association of China.

(c) The Relationship of the "School of Nursing" to the Hospital.—Miss Meyboom, Matron, Ziekhuis Bergweg, Rotterdam.

*Between the reports, lantern slides of nursing in different countries will be shown.

2 to 5 p.m.—Excursions to Hospitals, etc.

Evening—

## THURSDAY, JULY 23

8.30 to 9.45 a.m.—ROUND TABLES:

(1) The Nurse in Community Health Work. Chairman: Miss Beard, General Director, Community Health Association, Boston.

(2) New Developments in Curriculum Making. Chairman: Miss Bridge, Director, Warsaw School of Nursing, Warsaw, Poland.

(3) School Nursing and Health Education in School. Chairman: Miss Pearse, Superintendent, London County Council School Nurses, England.

(4) How Can Lay People Best Co-operate with the Nursing Profession in Advancement of Nursing Education. Chairman: Mrs. Chester Bolton, Cleveland, U.S.A.

(5) What are We Doing to Improve the Nursing Care of the Patient? Chairman: Miss Baxter, Florence, Italy.

10 to 12 a.m.—General Session: Miss Jean Browne, President, Canadian Nurses' Association, presiding.

Subject: Public Health Nursing.

(a) The New Emphasis in Public Health Nursing. Miss Gardner, Director, Providence District Nursing Association, Rhode Island, U.S.A.

(b) The Preparation of the Public Health Nurse. Miss Russell, Director, Department of Public Health Nursing, University of Toronto, Canada.

(c) Types of Organization in Public Health Nursing. Miss Fox, Director, Red Cross Public Health Nursing Service, American Red Cross, Washington, D.C.

2 to 5 p.m.—General Session: Sister Agnes Karll, President, German Nurses' Association, presiding.

Subject: Special Fields of Nursing.

(a) What is the Future of Private Nursing? Sister Bergliot Larsson, President, Norwegian Nurses' Association.

(b) Should Nurses be Encouraged to Take Midwifery Training? Miss Peterkin, General Superintendent, Queen Victoria's Jubilee Institute for Nurses, London.

(c) What Progress Are We Making in Mental Nursing? Miss Bailey, Educational Director, Bellevue Hospital, New York.

(d) What are Nurses Doing for Social Delinquents? Miss Beatrice Kent, England.

8 p.m.—Open Meeting: Baroness Mannerheim, President, presiding.

Subject: What Other International Organizations Are Doing to Promote Nursing.

Addresses: General Mannerheim, representing The International Red Cross.

Dr. Vincent, representing The Rockefeller Foundation.

Sir Claude Hill, representing The League of Red Cross Societies.

## FRIDAY, JULY 24

8.30 to 9.45 a.m.—Round Tables:

(1) Post-Graduate Courses in Hospitals. Chairman: Miss Hogg, Matron, Guy's Hospital, London.

(2) Text and Reference Books. Chairman: Miss Cora Simpson, Shanghai, China.

(3) How to Start Public Health Nursing in a New Country. Chairman: Miss Fitzgerald, Rockefeller Foundation, New York.

(4) Nursing Economics. Chairman: Miss Rundle, Secretary, College of Nursing, London.

(5) Central Schools of Nursing. Chairman: Miss Gray, Cleveland, U.S.A.

10 to 12 a.m.—General Session: Comtesse d'Ursel, Secretary, Belgian Nurses' Association, presiding.

Subject: Nursing Legislation.

(a) Recent Progress in Nursing Legislation. Miss Burgess, Lecturer, Teachers' College, New York.

(b) The Problem of Reciprocity. Miss Bell, Australia.

(c) The Educational Opportunities in the Inspection of Nursing Schools. Miss Nordendahl, Superintendent of Registration, Sweden.

2 to 4 p.m.—Grand Council Meeting (open only to voting delegates and officers).

Unfinished Business.

Elections.

4.15 to 5.30 p.m.—Round Tables:

(1) Subsidiary Groups in Relation to Nursing Service. Chairman: Miss Gunn, Superintendent of Nurses, Toronto General Hospital, Toronto, Canada.

(2) University Schools of Nursing. Chairman: Miss Logan, President, National League of Nursing Education, U.S.A.

(3) Hospital Social Service. Chairman: Miss Kehrer, Amsterdam, Holland.

(4) How to Interest Young Women in Nursing. Chairman: Miss Olmsted, Chief, Division of Nursing, League of Red Cross Societies, Paris.

(5) How to Start a Nursing Organization in a New Country. Chairman: Miss Torrance, Director, School of Nursing, Bulgarian Red Cross, Sofia, Bulgaria.

8 p.m.—General Session: Miss Child, President, South African Trained Nurses' Association, presiding.

Subject: Nursing Publications.

(a) The Aims of a Professional Journal. Miss Breay, Sub-Editor, British Journal of Nursing, London.

(b) How to Make a Journal Useful and Attractive. Miss Roberts, Editor, American Journal of Nursing, New York.

(c) The Business Side of Nursing Publications. Miss Noyes, National Director, Nursing Service, American Red Cross, Washington, D.C.

## SATURDAY, JULY 25

A.M.—Boat Ride.

P.M.—Social Gathering and Farewell.

Luncheons and Dinners may be arranged for different groups, such as: Army and Navy, Red Cross; Private Duty Nurses; Instructors, etc.

# Department of Private Duty Nursing

National Convener of Publication Committee, Private Duty Section,
Miss AMELIA CAHILL, 723 Bloor Street, Toronto

## *The Care of Patients Suffering from Hypertrophy of the Prostate*

By GORDON S. FOULDS, M.B., St. Michael's Hospital, Toronto

NO patient more truly needs and more thoroughly appreciates the services of a graduate nurse than the old man suffering from hypertrophy of the prostate, during the period of hospitalization before and after prostatectomy. It may also be said with equal truth that there is no type of case of which the nurse, who is unaccustomed to these patients, so dislikes to be called upon to take care. The result is that in many hospitals and institutions these cases are cared for by inadequately trained male nurses and orderlies.

Hypertrophy of the prostate, a local disorder, is only a part of a general condition which may be called "prostatism." This condition as a whole is the one we are called upon to treat before we can deal surgically with the local condition. The trouble is at first local—that is, obstruction to the onflow of urine. This leads to incomplete emptying of the bladder and probably an accompanying cystitis. These conditions progress, causing back pressure and disease in the kidneys with a varying amount of damage to the kidney function. Moreover, these patients are men of advanced years—being usually from 60 to 80 years old. Seldom in any other condition is a patient of this age called upon to undergo as serious an operation as prostatectomy.

These patients, as a rule, seek the advice of their surgeon only after the kidney function has been greatly diminished. They are sick, uncomfortable and discouraged. Therefore, their general condition must be dealt with before prostatectomy can be done. This involves emptying the bladder and keeping it empty, either by catheter or suprapubic drainage —and improved elimination by the kidneys, skin and bowel. On this account they should be made to drink freely of water and other bland fluids in order that their urinary secretion may be ample. This is often no easy task—because, as a result of the infection and diminished renal function, there is often an associated digestive disturbance. The tongue is dirty—nausea may be present—and these old men, while in this condition, find both food and drink distasteful. It may, therefore, tax the ingenuity of the nurse to the full to get these patients to drink a sufficient quantity of fluids. Saline, of course, may be administered interstitially or by bowel, but these methods should be looked on only as auxiliaries and should in no way replace the fluids taken by mouth except when nausea and vomiting are present. Maximum elimination by the skin is best obtained by dry hot-packs. Dry hot-packs are, as a rule, as effectual as the usual wet ones and are much more easily given, causing less disturbance to the patient. The bowels should be kept acting freely with saline laxatives.

Gradually, the patient will begin to feel stronger and regain his appetite. This improvement is usually associated with a corresponding improvement in kidney function, which may be confirmed by laboratory tests, such as the estimation of the secre-

tion of phenolsulphonephthalein, or the determining of the amount of the nonprotein nitrogen or urea nitrogen of the blood. It often requires two or three weeks before the patient has improved sufficiently to permit the removal of the prostate to be undertaken. In some cases the time required is much longer. The post-operative treatment is largely a continuation of that which has been carried out before operation.

All through this prolonged period of hospital life the nursing care makes a tremendous difference to these old men, not only as to their ultimate recovery, but also their immediate progress and comfort. If left to their own devices they take inadequate food and drink, tend to be discouraged, and feel that they are too old and helpless to expect relief. There is no more gratified patient than the old man restored to comfort and comparatively good health—after prostatectomy.

## *Extension Course--Private Duty Nurses--Toronto University*

By HELEN CARRUTHERS

During the week of August 18th-23rd, the second Extension Course for Private Duty Nurses was held under the auspices of the University of Toronto.

The total attendance was not as large as last year, 188 being the number enrolled, but we all know how very difficult it is for private duty nurses to arrange their time much in advance, and many who had, during the summer, planned to come were at the last minute disappointed. But numbers do not mean everything. It is interest and enthusiasm that count, and all who attended the Course this past summer agreed that it was most enjoyable and extremely beneficial. Personally, I feel it was better than the previous Course. We were glad to welcome again the nurses who had come for the second time and also to see the many new faces. Most of these had heard from friends of last year's work and had come to see for themselves. We trust that they in their turn will go back to their homes to tell others. In this way the interest will grow and our yearly Course develop into even better and greater things.

The sessions were held from 9 to 12 each morning in Convocation Hall. On Monday, August 18th, Dr. A. J. MacKenzie gave the first lecture, on "Typhoid Fever." This was most instructive and the nurses appreciated the points given. At 10 a.m. on Monday, Tuesday and Wednesday, Professor Wallace discussed "Canadian History," dwelling upon the discoverers, pioneers and early settlers. Our hearts thrilled as we felt more and more deeply what a heritage was ours, and each in her heart resolved to be worthy as never before.

Dr. A. A. Fletcher discussed "Diabetes and Insulin" at 11 a.m. In the afternoon the nurses visited the Toronto Western Hospital and had the pleasure of listening to Dr. Agnew discuss, in a very able way, the "Medical Treatment of Gastric Ulcer." He also gave a few minutes to the "Interpretation of High Blood Pressure."

Tuesday morning at 9 o'clock, Dr. E. A. Morgan gave us in an hour's time very many valuable points regarding "Infant Feeding." At 11 a.m. Tuesday, Wednesday and Thursday we welcomed again Professor W. H. Greaves, who dealt with the subject of "Public Speaking." In the afternoon the nurses visited the Hospital for Sick Children and were taken over the entire building. Miss Hutt, who is in charge of the dairy department, spoke briefly on the preparation of various foods for infants.

At 9 o'clock on Wednesday and Thursday mornings, Dr. H. B. Van-Wyck substituted for Professor Hendry, and gave us in two short hours most valuable points in the nursing of obstetrics. We all felt that these were two of the best study hours of the week. At 10 o'clock Professor E. A. Bott took up the subject of "Psychology," which is becoming more and more interesting. He continued his discourse on Friday at the same hour.

The afternoon was to be free for the nurses to do as they wished, but a request to see a transfusion at the Hospital for Sick Children was made during Tuesday afternoon's visit. Miss Panton, the Superintendent, said she would do her best to grant the request, and at 12 o'clock noon word was received that a transfusion would be given at 2 p.m. All the nurses did not avail themselves of the opportunity, but about one-half the number went and were amply rewarded. After the transfusion a second child was carried in and given an intravenous through the fontanel. A third child had a protein test in the arm; a fourth had a lumbar puncture. On a fifth child an operation was performed for prolapse of the rectum, by use of alcohol. This is quite a rare operation and was very interesting, although it took but a few minutes. At the conclusion of these operations we hurried over to Hart House to join the other nurses who had gathered there at 4 o'clock, and all were conducted through that interesting new building.

On Thursday afternoon we visited the Toronto General Hospital. The nurses were divided into two sections. In one room Miss Kelly dealt with "Nursing Care in Obstetrics" and demonstrated "manual expression." Miss Bain spoke briefly on "Pre-natal Care," in connection with the outside clinic. In another room Miss Ferguson discussed "New Phases in Operating Room Technique" and Miss Henry took up "Surgical Technique in the Ward." After all had heard these various discussions we were entertained to afternoon tea on the verandah of the Nurses' Residence.

At 9 o'clock on Friday morning Dr. George S. Young took up the subject of "Goitre," and at 11 o'clock Friday and Saturday, Dr. George Wilson gave some valuable points re "Emergency Surgery."

The nurses from New York, as well as others, were disappointed that more time was not allotted to "Diabetes and Insulin," and asked if it would be possible for them to get more information. They had heard of the afternoon spent last year at the Toronto General Hospital, and hoped for the same this year. We spoke to Miss Gunn, Superintendent, who was only too glad to speak to Miss Coutts, the nurse in charge of the diabetic ward, and arranged for her to speak to the nurses on Friday afternoon on "Nursing Care in Diabetes." Practically all the nurses attended this class and were well repaid.

Saturday morning brought us to the close of our lectures. Dr. Gordon McLarty substituted for Dr. C. M. Hincks and told us much of value and interest on "The Care of Mental and Nervous Cases." Professor Wallace discussed "Parliamentary Procedure" and recommended to us a book published by Emma Fox as a guide in conducting women's meetings.

This, in a brief and sketchy way, is a review of our week's work. It is but an outline, but it is hoped will give some little idea of how interesting our Course was.

The visiting nurses were accommodated comfortably in the University residences, and the opportunity for renewal of acquaintances and the strengthening of friendships made glad the hearts of those who had not met, it may be, for years.

# Department of Nursing Education

National Convener of Publication Committee, Nursing Education Section,
Miss EDITH RAYSIDE, General Hospital, Hamilton, Ont.

## *Outline of the Course Given at the University of Alberta School of Nursing, Edmonton*

By M. A. McCAMMON, Superintendent

In November, 1922, the University of Alberta took over the Strathcona Hospital from the Department of Soldiers' Civil Re-establishment in Edmonton and opened a general hospital under university control as a teaching institution. The ownership or control of the hospital being in the hands of the university, the latter is enabled to offer the best opportunity for education in nursing, and is one of the pioneers in Canada in the movement towards the university education of the nurse. The undergraduate nurse is looked upon as a university student throughout her entire course and is encouraged to keep in touch with the life of the university and to cultivate the university spirit. The location of the hospital on the university campus tends to develop this purpose.

The University of Alberta School of Nursing offers two courses for the student-nurse. A three-year course leading up to a diploma and the Registered Nurses' certificate in the Province of Alberta. This diploma course has a probation period of five months preceding final acceptance of the student as an undergraduate nurse. This five months' preliminary course is taken in the class-room at the hospital, and in the laboratories and lecture-rooms of the departments of the university. It includes lectures, demonstrations, and laboratory exercises in Bacteriology, Chemistry, Anatomy, Physiology, Materia Medica, Psychology, Dietetics, Hygiene and Sanitation, the History of Nursing, the Principles and Practice of Nursing and Physical Education. During this period there is a limited amount of hospital service assigned to each student.

Following acceptance there is a graded course of study covering the remaining thirty-one months, which includes lectures, demonstrations and practical experience in the following services: Surgical, Medical, Obstetrical, Pediatrics, Orthopedics, Gynecology, Communicable Diseases, Dermatology, Surgical Operating Room, Dietetics in the special dietary departments at the hospital and university, Outdoor Service in Dispensary, Social Service, and Mental.

The second course offered is a five-year course leading to the degree of Bachelor of Science in Nursing. In this course the first two years are spent at the university, the third and fourth in residence at the hospital, and the fifth at the university. The degree course has a probation term of three months in the hospital, at the close of the first academic session, pending final acceptance of the student as an undergraduate nurse. The curriculum for the combined academic and professional nursing course is as follows:

**First Year:** English 1—Three hours' lecture; Chemistry 1—Three hours' lecture, three hours' laboratory; Physics 1—Three hours' lecture, two hours' laboratory; Zoology 1—Three hours' lecture, three hours' laboratory; Two of Mathematics, Languages, History, six hours' lecture; Physical Education, one hour,

each week during the college session.

The three months' probation in hospital at the close of the first university session includes lectures and demonstrations in the principles and practice of nursing and a limited amount of time spent on ward practice.

**Second Year:** One course Languages or History—Three hours' lecture; Anatomy—Three hours' lecture, three hours' laboratory; Physiology—Three hours' lecture, three hours' laboratory; Bacteriology—One hour's lecture, three hours' laboratory; Materia Medica and Pharmacology — One hour's lecture, three hours' laboratory; Dietetics—Three hours' lecture, three hours' laboratory; Physical Education,

each week during college session.

**Third and Fourth Years:** Following the close of the second university session, twenty-eight months are spent in residence at the hospital, when a graded course of study is given, which includes lectures and practical experience in the main and special branches of nursing by members of the various faculties of the university.

**Fifth Year:** The fifth year spent at the university is devoted to specialization, according to the student's preference, in any of the following branches:

Supervision in Hospitals and Schools of Nursing;
Teaching in Schools of Nursing;
Public Health Nursing.

The first class of diploma students entered the school October 1st, 1923, and are now commencing their intermediate year, and the second class entered October 1st, 1924. The first class of students for the degree course entered the school July 1st, 1924. Classes will be entered twice a year, in October and July.

## *The Dick Test for Scarlet Fever*

Future students of medicine and nursing are sure to grumble at the inappropriateness of having a Shick test for diphtheria and a Dick test for scarlet fever. That is supposing, of course, that the new test reported by Doctors George F. Dick and Gladys Amy Dick of Chicago turns out to be a genuine discovery. Certainly the evidence in its favor which they present is very strong. Last year these two doctors reported that they had been able experimentally to produce scarlet fever in two out of 10 human volunteers by injecting into them some living streptococci of a particular strain (1). For many years the streptococci have been suspected of having something to do with scarlet fever, although more recently the suspicion had been diverted a good deal towards the filterable viruses.

The material used in the Dick test is obtained from the same strain of streptococcus that they used last year. A little of the streptococcus toxin is injected into the skin just as in the Schick test and, as in the latter test, a red area results only in susceptible subjects. Now, of course, it is known that people who have had scarlet fever do not often get it again, so that if the test is a good one, such people ought not to react. And this has been found to be the case. Moreover, two people have been tested both before and after having scarlet fever and both were found positive before the attack and negative during convalescence. Finally, the blood serum from convalescent patients has for some time been known to have anti-toxic properties and has been successfully used in the treatment of scarlet fever. It has been found that when this serum is given to people who show a positive reaction, the reaction afterwards becomes negative. Confirmation of these results by other observers will be eagerly awaited. It looks as though another important scourge may soon be within our control.—From "The World's Health."

# Department of Public Health Nursing

National Convener of Publication Committee, Public Health Section,
Miss ELSIE WILSON, Prov. Dept. of Health, Winnipeg, Man.

## *Report of a Nutrition Class*

By MARY C. HILTZ
Assistant Professor of Nutrition, Manitoba Agricultural College

In October, 1923, the Nutrition Department of the Manitoba Agricultural College approached the Public Health Nurses' Department of the Board of Health with a view to linking up their work with that of the public health nurse in the St. Vital School District. The purpose of the Nutrition Department in attempting this work was twofold: (1) It was planned to enable the senior students in the degree course to have first-hand information concerning the nutrition problems of the public schools and to put into practice their knowledge of nutrition; (2) It was thought that by instituting a nutrition class, the children composing that class must of necessity benefit greatly by the work and care of the senior students.

With these aims in mind it was thought desirable to limit the children in the class to those in Grades 3, 4 and 5; and between the ages of nine and eleven. As a further limitation, only those who were 7% or more under the average weight for height and age were taken into the class. With the help of the public health nurse, 36 children in grades 3, 4 and 5 were measured and weighed, and out of the 36 there were 17, or 47%, who were 7% or more under the average weight. Out of the 19 remaining, there were 10 who were from ½ lb. to 5 lbs. under average; while the other 9 were normal or a few pounds above. The principal of St. Vital School gave us his hearty co-operation, and was good enough to allow us to hold a class of these underweight children twice a week—on Tuesday and Thursday from 1.15 to 1.45 p.m. As it was desirable to include only those children between the ages of 9 and 11, the class was composed of 15 out of the 17 underweight children. Under the sponsorship of the public health nurse, the homes of the 15 children were visited to enlist the parents' co-operation and help, which was promised in every case.

There were ten senior students who had elected to teach the Nutrition Class and to be responsible for the "follow-up" work; in this way receiving part credit for nutrition and part for teaching. These students played the part of "Big Sisters." Each group of two was responsible for the welfare of three children belonging to the Nutrition Class. It was their duty to mark on the charts the gain made every week, to supervise their "Home Record" sheets, to visit the homes at least twice from November 6th to February 11th (the period during which the class was held), and to teach two lessons. There were twenty lessons taught—see list given. The "Home Record" sheets were checked by the "Big Sisters." Two different types of sheets were used, as will be seen by the copies attached to this report. The children were weighed every Tuesday, with the following results:

| No. | Nov. 6 | Dec. 11 | Jan. 8 | Feb. 5 or 11 | Gain in Lbs. | Percent of Expected Gain |
|---|---|---|---|---|---|---|
| 1 | 76 | 80¼ | 83¼ | 84¼ | 8¼ | 471 |
| 2 | 68 | 73 | Sick with Chicken-pox. | | 5 | 285 |
| 3 | 65 | 68¾ | 67¾ | 69¼ | 4¼ | 243 |
| 4 | 64 | 66 | 66¼ | 67½ | 3½ | 200 |
| 5 | 64 | 66¾ | 68 | 69 | 5 | 285 |
| 6 | 64 | 66¼ | 64½ | 65 | 1 | 57 |
| 7 | 68 | 70 | 71½ | Chicken-pox | 3½ | 143 |
| 8 | 69 | 71½ | 71½ | 72¾ | 3¾ | 214 |
| 9 | 72¼ | 73½ | 74¼ | 77½ | 5¼ | 300 |
| 10 | 50 | 50½ | 52 | 51¾ | 1¾ | 100 |
| 11 | 51 | 55 | 54½ | Chicken-pox | 3½ | 200 |
| 12 | Sick with Whooping | | Cough | 69½ | ---- | ---- |
| 13 | 51 | Sick | 53 | 53¾ | 2¾ | 157 |
| 14 | Sick with Whooping | | Cough | 77½ | ---- | ---- |
| 15 | 69 | Sick with Tonsilitis | | | ---- | ---- |

The expected gain from November to February, according to statistics, should have been 1¾ pounds, so any gain over and above that might reasonably be attributed to the activities of the Nutrition Class. No. 6 had goitre, and as that increased her basal metabolism it was hard for her to gain. Her gain before Christmas was good, but she lost nearly 2 pounds in the holidays, and found it difficult to gain again. No. 10 just kept up with his line of expected gain. He gained during the Christmas holidays, which would go to show that the long distance to school, combined with a cold lunch, were probably important factors in his retardation. No. 12 and No. 14 were two children who did not enter the class till after Christmas, as they were out of school with whooping cough all fall. No. 15 started with the class, but as his father raised an objection his case was discontinued. It was interesting to note that No. 15 was ten pounds, or 14% underweight for his age and height, but still his father was perfectly satisfied with his condition.

While this is only a report of an intensive study of a small group of children in a public school, still some general conclusions are justified.

(1) There are a great many undernourished children in our public schools.

(2) It is possible to stimulate in school children through the class method an intelligent interest in their own nutrition.

## NUTRITION CLASS—LESSON TITLES

Lesson 1.—From Danger Valley to Safety Hill—Why we have a Nutrition Class.
Lesson 2.—Milk Makes Us Grow.
Lesson 3.—Milk Gives Us Lime.
Lesson 4.—The Body Engine Needs a Rest Period.
Lesson 5.—Early Bed-Time—What Sleep Does for Us.
Lesson 6.—How the Body is Built—Calories.
Lesson 7.—What Makes a Good Breakfast.
Lesson 8.—What Makes a Good Dinner.
Lesson 9.—What Makes a Good Supper.
Lesson 10.—Sweets—How Many Should We Eat?
Lesson 11.—Self-Control—Who Drives Our Body Engines?

CHRISTMAS VACATION.

Lesson 12.—Why We Eat Fruit—Vitamines.
Lesson 13.—Why We Eat Vegetables—Iron.
Lesson 14.—The "Broom of the Body"—Bulky Foods.
Lesson 15.—Cooking our Own Dinner—How Many Calories?
Lesson 16.—Protein Foods.
Lesson 17.—How Much Do We Know About Foods?—Review.
Lesson 18.—The Best Posture for Climbing Safety Hill.
Lesson 19.—The Teeth—Care and the Sixth-Year Molar.
Lesson 20.—A Day's Programme for Health —Summary.

## NUTRITION CLASS—WEEKLY REPORT

**NAME:**

| | SUN. | MON. | TUES. | WED. | THUR. | FRI. | SAT. |
|---|---|---|---|---|---|---|---|
| 1. What time did you get up? | | | | | | | |
| 2. Did you brush your teeth this morning? | | | | | | | |
| 3. Did you have a good breakfast? | | | | | | | |
| 4. Did you have a good dinner? | | | | | | | |
| 5. Did you have a good supper? | | | | | | | |
| 6. Did you have a cup of milk at each meal? | | | | | | | |
| 7. Did you have at least one vegetable besides potato? | | | | | | | |
| 8. What vegetable did you have? | | | | | | | |
| 9. Did you have fresh fruit once to-day? | | | | | | | |
| 10. Did you rest, and how long? | | | | | | | |
| 11. Did you keep from eating candy to-day? | | | | | | | |
| 12. Were you in bed last night by 8 o'clock or earlier? | | | | | | | |

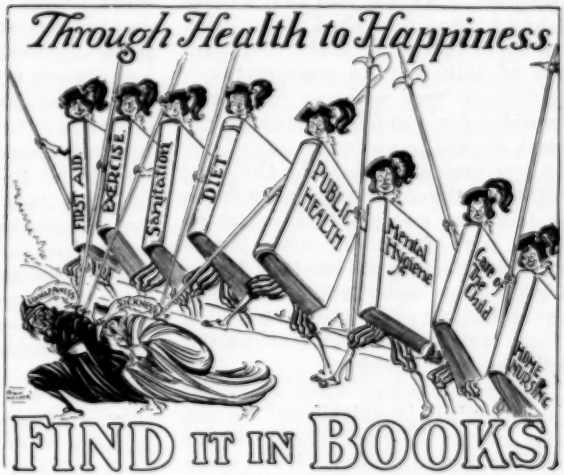
# Notes from the Library Committee

It is recognized that books and pamphlets play a very important part in the education of the public health nurse, especially the nurse who is working alone with few opportunities of meeting other members in the profession. Therefore, the Public Health Section of "The Canadian Nurse" feel that in providing information, "Notes on Current Literature of Interest to Public Health Nurses," within its department, it is rendering a service of real value to the members of the Public Health Section, and helping to create an interest in public health nursing problems among members of other branches of the nursing fraternity.

The information to be given will be grouped as follows:

(a) Lists of books and magazines suitable for a public health library.

(b) Lists of pamphlets and forms.




(Loaned by the National Organization of Public Health Nursing, 370 Seventh Avenue, New York.)

(a) BOOKS

**Personal Health**

United States Health Service: Prevention of Disease and Care of the Sick. Miscellaneous Publication No. 17 (Government Printing Office). Price 25c.

Home and Community Hygiene: Broadhurst. Price $2.50.

Health Rules and Danger Signals: Lowe Price $1.50.

**Community Health**

The New Public Health: Hill.

The Community Health Problem: Burnham.

**Health Exhibits**

The A B C of Exhibit Planning: Routzalin. Price $3.00.

(b) PAMPHLETS

**Health Education**

Health Plays for School Children:

A School Health Programme: American Child Health Association, 370, Seventh Avenue, New York City.

Report of International Health Education. Conference of the World Conference on Education: American Child Health Association, 370, Seventh Avenue, New York City.

Dramatics for Health Teaching: Bulletin No. 3: Bureau of Education, Department of Interior, Washington, D.C.

Suggestions for a Programme for Health Teaching in Elementary Schools, No. 10.

Suggestions for a Programme for Health Teaching in High Schools, No. 15: Bureau of Education, Washington, D.C.

**Child Welfare**

Standards of Child Welfare: Publication No. 60.

Habit Clinics for the Child of Pre-School Age: United States Department of Labor, Children's Bureau, Washington. Publication No. 135.

Parent-Teacher: Bulletin No. 76. Published by the University of Iowa.

# Department of Student Nurses

Convener, Miss M. HERSEY, Royal Victoria Hospital, Montreal

## *Conversation*

Conversation in the literal sense of the word means oral interchange of sentiments and observations; but in every sense of the word it is perhaps the rarest thing in the world. We gossip, and enjoy it, yet it is hard to convince us that gossip is not conversation. We are told that Doctor Johnson once remarked of an evening spent in society that "there was lots of talk, but no conversation." Is this not true in many instances? Consider for a moment many people you have met in various walks of life. Do you remember them by the wise, witty, intelligent remarks they made, or does your memory of them not remind you of a rock with jagged edges, preferring to lose the joy of a clear conscience rather than miss an opportunity of saying a clever thing, even at the expense of charity, religion, or friendship?

Many authorities when asked for an opinion will invariably say the man who makes the best listener is the best conversationalist. How often unpleasant and regretful memories could have been avoided had we only been good listeners instead of indulging in idle gossip. As student nurses the amount of our conversation should be an important factor in our lives, and before we acquire this art many of us must train ourselves to be good listeners. What impression do we leave with our patients, teachers, and fellow students? "Actions speak louder than words," some philosopher has wisely said; but accompanied by some unnecessary, thoughtless remark is not some of the sweetness taken from our action all too often?

Let us then avoid all gossip: whether it be the incapabilities of the juniors; the delinquencies of the seniors; the haughtiness of the head nurses; or the criticism of the staff—which remarks are, all too often, the subject of our conversation. Then, if we as seniors can set the good example of being good listeners, some day we may hope to be able to say the wise, witty, and helpful words that will fasten themselves on the memory of our friends when opportunity allows, and be of real value to those who follow in our paths.

CAROL CASS,
Jeffery Hale's Hospital.

## *Flowers versus Diseases*

Flower lovers and physicians alike will be amused by Susan Ertz's skit on flower names in her novel, "Madame Claire."

"I am so sorry that you are feeling less well. How is the phlebitis? No one ought to suffer from anything with such a pretty name. Did you ever stop to think that the names of diseases and the names of flowers are very similar? For instance, I might say, 'Do come and see my garden. It is at its best now, and the double pneumonia are really wonderful. I suppose the mild winter had something to do with that. I'm very proud of my trailing phlebitis, too, and the laryngitises and deep purple quinsies that I put in last year are a joy to behold. The bed of asthmas and malarias that you used to admire is finer than ever this summer, and the dear little dropsies are all in bloom down by the lake, and make such a pretty showing with the blue of the anthrax border behind them!'"

To "The Canadian Nurse:"

Having completed the three months' affiliated course in the study and nursing care of Tuberculosis, we nurses in training at the Soldiers' Memorial Hospital, Campbellton, N.B., would like to try and interest the readers of "The Canadian Nurse" in this very valuable course.

Our interest in the subject of tuberculosis nursing was first aroused when Dr. H. A. Farris, Medical Superintendent of the St. John County Hospital for Tuberculosis, on a visit to our Hospital in July, 1923, spoke to a group of graduate and student nurses and put before them a scheme which he hoped would materialize in affiliation with hospitals throughout the province.

The prospectus for our school did not include a training in tuberculosis, but when the subject was placed before the senior class they were unanimously in favor of the course. This course is now compulsory in the curriculum of future classes.

Our training school sends two of its nurses every three months to the St. John County Hospital to take the course, which began in March, 1924. We feel very proud that our school is among the first on record in the Dominion which has given its student nurses an opportunity to secure a deep knowledge of the activities of tuberculosis, so little studied, unfortunately, in a general hospital course.

Those of us who first entered upon the course in March were much impressed by the attitude of the patients—the "Cure Chasers"—who so persistently accept the rules of the cure, the three great principles of which are rest, good food, and fresh air, and in spite of the coldness of the March winds, they never flinched but warmly wrapped in beds or rest chairs, remained hour after hour on the porches.

The inborn dread of infection experienced by nurses at first entering upon the course became lessened daily, as we were taught the outlying principles of nursing protection and our interest was aroused in the different phases of the work.

The ten lectures and ten demonstrations included in the course have been outlined by the National Tuberculosis Association. Written and oral examinations were given at the completion of the course, and the nurses successfully passing these will receive a diploma from the hospital at the end of their general hospital course. The lectures take up the history of tuberculosis, general distribution—geographical, racial, social—heredity, the discipline of the cure; also demonstrations on the Sun Lamp treatment, Pneumo-thorax, Pneumo-peritonium, X-Ray and Fleuroscopic work.

The final lecture is with regard to the nurse: her relation to the tuberculosis problem and what she may accomplish in general practice.

One week at the Health Centre in St. John, N.B., is included and we are permitted to accompany the district nurses on their calls, thereby gaining a certain knowledge of the nursing problems in the various homes.

As a school, we are very appreciative of the fact that such an opportunity has been given us, and would strive to pass on that which we have been so conscientiously taught. We owe "A debt immense of endless gratitude, still paying, still we owe," for placing us in a position to secure a deeper knowledge of the activities of tuberculosis, and the great possibilities of the cure.

H. M. PALMER, F. ADAMS,
M. M. ADAMS, E. HANLON,
Student Nurses.

The Soldiers' Memorial Hospital
Campbellton, N.B.

# Canadian Army Medical Nursing Service

National Convener of Publication Committee, C.A.M.N.S.,
Miss MAUDE WILKINSON, 410 Sherbourne St., Toronto

## UNVEILING AND DEDICATION OF MEMORIAL TO SAILORS

On Sunday afternoon, August 10th, 1924, the Sailors' Memorial Monument, erected by the Imperial Graves Commission at Point Pleasant Park, Halifax, N.S., was unveiled and dedicated. The ceremony was most impressive and an immense crowd gathered to do honor to those who served and lost their lives at sea in the Great War.

The Hon. E. M. MacDonald, Minister of National Defence, in an eulogy to those who made the supreme sacrifice, paid a beautiful tribute to the fourteen nursing sisters who "stepped into immortality" when the Llandovery Castle was torpedoed.

Amongst the many wreaths placed at the base of the monument was one "In Proud and Loving Memory" from the nursing sisters who served in the Great War. This was placed by Nursing Sister K. O. MacLatchy, R.C.A.M.C., at the lower right corner, facing the sea, where the nursing sisters' names are inscribed.

## MEMORIAL TABLET UNVEILED

An impressive ceremony was held on October 8th in the rotunda of the Winnipeg General Hospital, when a tablet erected in honor of the graduates of the hospital, who lost their lives while serving overseas, was unveiled.

Miss S. J. Pollexfen presided, and after the singing of "Oh God, our Help in Ages Past," the Rev. W. J. Southam read the lesson and offered prayer.

Mrs. A. W. Moody, a former Lady Superintendent of Nurses, unveiled the tablet and placed a wreath below it, after which Dr. H. H. Chown gave a very appreciative address.

Proceedings were concluded by singing the National Anthem.

The tablet is of brass, mounted on oak, with the hospital monogram stamped into the left-hand corner. The inscription reads:

> In memory of Nursing Sisters Margaret Lowe, Ada J. Ross, Ainslie Dogg, Lenna M. Jenner, who gave their lives in the cause of freedom during the Great War, 1914-1918. Presented by the Alumnae Association.

## PREPAREDNESS—A Suggestion

Preparedness in emergency is one of the activities of the Canadian Red Cross. As an auxiliary of the Government, this organization assumes the responsibility of rendering assistance in times of disaster or national calamity. This preparedness includes a plan of organization of supply depots, disaster relief, co-operation with Military Headquarters and the enrolment of nurses for hospital service. It has been suggested that the overseas nurses' clubs in the Provinces, working in conjunction with the Provincial Red Cross societies, could be the nucleus of such an organization and could solicit the enrolment of all who could be called upon in times of calamity, either of a local, national or international character.

## *News Items for the C.A.M.N.S.*

Nursing Sister Edna Moore, of the Provincial Department of Health, Ontario, spent her summer holidays in Saskatchewan.

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The City Hospital, Saskatoon, has Nursing Sister Agnes Campbell as Superintendent of Nurses, and Nursing Sister Durham as first assistant.

• • •

Nursing Sister L. E. Denton has returned from Ontario, where she has spent the last seven months, to take charge of the Red Cross Outpost at Bengough.

• • •

Mrs. Harvey Dorrance (nee Nursing Sister Nina Copeman) is the centre of an enthusiastic band of women workers in the northern part of the Province (Saskatchewan). Among their other cares they are adopting the Red Cross Outpost in their district.

• • •

Nursing Sister Johnson is with the Pension Department of the D.S.C.R., with headquarters at Saskatoon.

• • •

Miss Edith Hudson, R.R.C., has returned from a summer course at the Massachusetts Eye and Ear Hospital and has resumed duties with the Manitoba Red Cross Society.

• • •

Miss Ethel Ridley, R.R.C., has taken the post of Superintendent of Hospital for Ruptured and Crippled at 321 East 42nd Street, New York City.

• • •

Miss Edith Rayside, R.R.C., was tendered many social functions upon her arrival in Hamilton to take over the position of Superintendent at the Hamilton General Hospital.

Miss Gertrude Spanner, R.R.C., has accepted the position of Instructress of Nursing at the new Ottawa Hospital.

• • •

Miss Elizabeth McEachren, R.R.C., has joined the staff of the Nursing Service conducted by the Ontario Division of the Red Cross and has proceeded to the hospital at Haileybury, Ontario.

• • •

During Dame Ward McArthy's visit in New York City, Miss Ethel Ridley was asked to attend a luncheon given in her honor, and took the opportunity to present Miss McArthy with a corsage bouquet of flowers from the Matron and Nursing Sisters of No. 1 Canadian General Hospital, Etaples. Miss McArthy, in acknowledging the same, expressed her regret at not being able to visit Canada.

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The following nurses have entered for the Public Health Nursing course at the University of Toronto: Miss Rebecca Harvey, Miss Hilda MacDonald, Agnes Darling.

• • •

Blanche Anderson has accepted a position on the Nasson Hospital, Mineola, L.I., as Instructress of Nurses.

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**ACTION**

An article on "Action" in the October number of "The Canadian Nurse" was never more timely. The "Florence Nightingale" of Toronto have followed out this suggestion in aiding materially the work of the Toronto branch of The Red Cross. They have given a generous donation which will provide for the purchase of baby dolls for use in Home Nursing Classes.

# News Notes

## BRITISH COLUMBIA

A general meeting of the Graduate Nurses' Association of British Columbia was held at St. Paul's Hospital, Vancouver, on Saturday, October 11th, 1924. Meetings of the three committees—Public Health Nursing, Private Duty Nursing and Nursing Education—were held in the afternoon and were followed by a meeting of the Council.

Miss Elizabeth Breeze, R.N., President, was in the chair for the evening meeting, which was well attended. The programme consisted mostly of reports from the Hamilton Convention; Miss Breeze reporting on the meetings of the Public Health Section, Miss Johns on the general sessions and on the last meeting of the Canadian Association of Nursing Education, and Miss McLeay on the Private Duty Section.

A desire for a combined Institute, given under the auspices of the University of British Columbia, was expressed as coming from all three nursing committees at their afternoon meetings. The Registrar was asked to present this request to the University authorities.

A report was given by Miss Randal on the meetings of the British Columbia Hospital Association, to which she was sent as a representative from the G.N.A. of B.C.

Thanks were expressed by the President to the Sisters of St. Paul's Hospital for the use of the Assembly Hall and for their hospitality in entertaining the Association afterwards when tea was served by them.

### New Westminster

The graduating exercises of the 1924 Class of the Royal Columbian Hospital were held on September 30th, 1924, in the Auditorium of the High School.

Mayor Annandale presided and addresses were given by Dr. Wilson and Dr. Sanford. Mr. Kerr rendered several solos.

The presentation of the diplomas and medals was made by Mrs. W. T. Reid and Miss Stott, Superintendent of Nurses. The graduating nurses were Misses Dorothy Holmes, Vera Donaldson, Ruth Owen, Reta Moulton, Lydia Eastman, Flossie Waltham, Isabel Hill, Louise Keller and Grace Kellock.

Miss Louise Moulton was the winner of the special medal presented by the Graduate Nurses' Association for the award in general proficiency. Miss Lydia Eastmann received the medal presented by Dr. Rothwell for proficiency in surgical nursing, and Miss Grace Kellock won the medal by obtaining the highest marks in examinations. This medal was presented by the Fraser Valley Medical Association.

The graduating class presented Miss Stott, R.N., with a basket of roses. After the exercises the Class was entertained at the home of Dr. and Mrs. Rothwell.

## MANITOBA

### The Manitoba Association of Graduate Nurses

Miss Mary Dewar (St. B.H., 1913) and Miss Mabel Stutter (W.G.H., 1919) have accepted positions on the staff of the Henry Ford Hospital, Detroit, Mich.

Miss B. Foster (St. B.H., 1919) of the McLean Gunn Clinic, recently left for Vancouver, where her marriage will take place in the near future.

Miss Helen Davidson (W.G.H., 1922) is doing special nursing in Detroit, Mich.

Miss K. McLearn (W.G.H., 1917) and Miss J. Roberts (St. B.H., 1916) have returned from New York and are doing special nursing in the city.

Miss Sarah Millidge (W.G.H., 1924) has accepted a position on the staff of the King George Hospital.

Miss J. Harty (St. B.H., 1908) has accepted the position of Superintendent of Nurses at the Misericordia Hospital.

Miss Jean Garrioch (W.G.H., 1920) is leaving for San Francisco, California, in the near future.

Miss A. Laporte (St. B.H., 1923) and Miss A. Carey (St. B.H., 1923) have accepted positions on the staff of the Misericordia Hospital.

Miss Mary Jamieson (W.G.H., 1914), of the Qu'Appelle Sanatorium, recently spent a few days in the city.

The Misses M. Harrison, L. McCauley and V. Graham, of the King George Hospital staff, Winnipeg, have returned from their trips to Europe.

Miss A. M. Hollingsworth has been appointed Public Health Nurse of Brandon, in place of Miss G. Saville, who was married to Mr. Kidd, of Nordegg, Alta., on August 15th, at Regina.

Miss Meta Hodge and Miss Gertrude Hall have resigned from the Provincial Board of Health. Miss Hodge has left for New York City, and Miss Hall has joined the staff of the Social Service Department of the Winnipeg General Hospital, in place of Miss Evelyn Hall, who recently resigned.

### St. Boniface Hospital A.A.

Miss Josephine McDonald (St.B.H.) has left for Marion, Ohio, where she will do private duty.

Miss Gladys Marberry (St.B.H.) has left for New York, where she intends taking a post-graduate course.

Miss Adell Ross (St.B.H.) is at present in Honolulu.

Credit is due Sister Gallant, Superintendent St.B.H., and her graduating class of 1924. Ten out of a total of thirty received A1 standing in the provincial registration examinations. The remaining members were also successful in obtaining registration.

Sympathy is extended to Mrs. Ritchie, a former graduate of St.B.H., in her recent bereavement. The late Dr. Ritchie was associated with St. Boniface Hospital during his practise.

## ONTARIO

### Kingston

The Alumnae Association of the Kingston General Hospital resumed their meetings for the season on Tuesday, September 16th, with a fairly representative number of members in attendance.

The Association voted fifty dollars for the Dr. Grenfell Mission at Labrador.

The Alumnae also decided to redecorate the reception rooms at the Nurses' Residence.

A very interesting report was read by the delegate who attended the biennial convention held at Hamilton in June last.

Plans for the winter's work were discussed and the meeting adjourned at 5 p.m.

Miss Annie Bailey, a K.G.H. graduate of 1910, has accepted the position of Lady Superintendent of that institution.

### Port Arthur and Fort William

### Thunder Bay Graduate Nurses' Association

The regular monthly meeting of the Thunder Bay Graduate Nurses was held Thursday evening, October 2nd, the President, Miss S. M. McDougall, presiding.

Miss Irene Saunders read a very interesting paper prepared from reports and discussions heard at the Social Hygiene Conference in Toronto, which she attended.

The nurses discussed holding a tea shortly.

About seventeen members attended the meeting, and following business dainty refreshments were served by the nurses of the Port Arthur General Hospital, the meeting being held in the Nurses' Home.

### Toronto General Hospital A.A.

Miss Jean Hay (T.G.H., 1924) has been appointed assistant head nurse on the 4th Floor, Toronto General Hospital.

Miss Bessie Peacock (T.G.H., 1921) has gone to Gravenhurst Sanitorium to do institutional work.

Miss Mary Carson (T.G.H., 1921) has accepted a position as Secretary of the Department of Gynaecology and Obstetrics, Toronto University.

Miss Jessie L. Empey (T.G.H., 1921) has been moved to the Red Cross outpost at Thessalon.

Miss Sylvia Ostler (T.G.H., 1922) and Miss Loreen Lowrie (T.G.H., 1922) have gone to the New York Hospital to do general duty.

Miss E. McKinnon (T.G.H., 1922) and Miss Nora Parkes (T.G.H., 1923) are acting as ship's nurses on C.P.R. ocean liners. Miss McKinnon is at present on the "Montcalm" and Miss Parkes on the "Mount Royal." Both report very enjoyable trips with no bouts of seasickness —as yet.

The many friends of Miss Christina Hall (T.G.H., 1887) will be glad to know that she has made a very satisfactory recovery from the operation performed on her in the Toronto General Hospital.

Among the many who went to Europe during the past summer were some of our graduates. Misses A. Wright (1919), L. Morin (1918), J. Doheny (1919), B. Knox (1919), D. Galilee (1921), and A. Cleaver (1923) spent their vacation abroad.

Miss Gladys Reed (T.G.H., 1923) and Miss Marjorie Robertson (T.G.H., 1923) are taking the Public Health course at Toronto University this year.

Miss B. Grove (T.G.H., 1923) is doing general duty in the King's County Hospital, Brooklyn, N.Y.

At the presentation of prizes for the annual tennis tournament held on October 3rd at the Toronto General Hospital, the cups were presented to the winners by Sir Lindau Ferguson, Dean of the Medical Faculty of Dunedin University, New Zealand. Sir Lindau was the guest of Dr. F. N. G. Starr, the donor of the championship cup.

Miss Gunn, of Toronto, and Miss E. McP. Dickson, of Weston, attended the Convention of the American Hospital Association at Buffalo, in October. Mrs. Dewey and Miss M. Mann also attended as representatives to the Social Service Section of the Convention.

Misses Claudia Eckert, Elvira Manning and Gretta Ross, of the Public Health staff of Toronto, attended the general meetings of the Buffalo Convention, and also the Social Service sessions.

The first regular meeting of the Alumnae Association was held on October 1st at the Nurses' Residence; Miss Clara Brown, the President, in the chair. Routine business was transacted and new plans discussed. Refreshments were served at the close of the meeting.

Miss Louise Dickson (1916) has been appointed Superintendent of Nurses of the Shriners' Hospital in Montreal.

Miss Muriel Martin (1920) is Supervisor of the Child Welfare Clinic in Montreal.

The many friends of Miss Isabel Crosby, who has been a patient in the Pavilion for some weeks, will be pleased to know she has made a satisfactory recovery from a serious operation.

Miss Constance Nettleton (1919) is in Vancouver, having accepted the position of Supervisor of the Victorian Order Subdivision, South Vancouver.

Miss Nettie Fidler (1919) and Miss Clara Wheatly (1920) are in Dryden, Ontario, in charge of the Red Cross Outpost.

Miss Katharine Scott (1923) has accepted the position of Instructor at the Children's Memorial Hospital, Montreal.

Miss Marion Stillwell (1923) has been appointed Assistant Instructor at the Toronto General Hospital.

The Scholarship nurses taking the Public Health Course at the University this year are: Miss Mildred Corrigan (1924), Miss Dorothy Percy (1924), and Miss Gladys Redman (1923).

Miss Florence Glozier (1916) has been awarded the Alumnae Scholarship for the

course in Public Health Nursing at Toronto University this year.

Miss Ruth Morrison (1924) has left the hospital to take charge of the Surgical Division of the Moose Jaw General Hospital.

Miss Anne Edgar (1917) returned to India early in September to resume her nursing duties in the mission field.

Miss Kate Miller (1923) has accepted the position of Supervisor of a medical ward at the Bellevue Hospital, New York.

Miss Cora Kilborn (1923) is in Montreal doing Child Welfare work.

The following appointments on the staff have been made this fall: Miss K. Elliott (1924), Ward D; Miss L. Bailey (1923), Ward F; Miss Cunningham (1918), Emergency; Miss Cleaver (1923), Assistant on 5th Floor; Miss M. Wright (1923), B.O.R.; Miss E. Ross (1923), Assistant, Private Operating Room; Miss M. Pelton (1920), Emergency Night Duty.

**The Alumnae Association of the Women's College Hospital, Toronto**

Miss Neame (W.C.H., 1919) has gone to the South Side Hospital, Pittsburgh, Pa., as Assistant Anaethetist.

Miss Skitch (W.C.H., 1922) has accepted the position of Day Supervisor at the Galt General Hospital.

Miss Chan (W.C.H., 1923) left for China on September 20th under the British Methodist Mission Board as Assistant Superintendent and Instructress of Nurses at the Wesleyan Hospital, Fatshan, China.

Miss Stephens (W.C.H., 1924) is at the Orthopedic Hospital, Toronto, as Instructress of Nurses.

Miss E. McClintock (W.C.H., 1921) and Miss Ottaway (W.C.H., 1924) are on the staff of the Herman Keifer Hospital, Detroit, Mich.

**Toronto Western Hospital**

Miss Wylie has accepted the position of Supervisor of Practical Nursing in the T.W.H.

Miss Margaret Darling (T.W.H., 1924) has accepted the position of Supervisor of the private wards, T.W.H.

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**QUEBEC**

**The Montreal General Hospital Alumnae Association**

Miss Viggars, Class 1920, has been taken on the staff of the Ottawa Civic Hospital as Night Superintendent.

Miss Mary Long, Class 1920, is on the staff of the Montreal General Hospital Outdoor Department.

Miss Jean Smith, Class 1923, has recently gone on the staff of the Children's Hospital, Boston, Mass.

Miss Frances Upton has accepted a position at the Montreal General Hospital as second Assistant Superintendent.

Miss Rebecca Moffat has taken charge of the Nurses' Home, Miramichi Hospital, Newcastle, N.B.

Miss Barnes, Class 1922, has received a scholarship from the V.O.N. for a University course in Public Health, which she is taking at the School for Graduate Nurses, McGill University.

Miss Helen Tracey, Class 1917, has resigned from the staff of the Lockport Hospital, Lockport, N.J., to take a position at Newport Hospital, R.I.

Miss Edythe Ward, Class 1924, has received the Mildred Hope Forbes scholarship this year at McGill School for Graduate Nurses. She is taking the Supervisor's course.

Miss Vivian Tremaine is in charge of the Red Cross Immigration Service at Quebec, P.Q.

Dr. and Mrs. Marlett (nee Evelyn Gray, Class 1918, M.G.H.), who have been residing at Neville, Sask., have come to make their home in St. Laurent, Montreal.

Miss Nancy Curwell, Class 1918, has recently been engaged as Superintendent of St. Anthony's Hospital, in Dr. Grenfell's Mission, Newfoundland. Miss Marion Ives, Class 1924, is assisting on the staff.

At the monthly meeting of the M.G.H. A. A., in September, the report of the Convention of C.N.A.T.N., held in Hamilton, Ont., in June, was given, and at the October meeting Miss Ferguson, Superintendent of the Alexandra Hospital, Montreal, gave a very interesting address on infectious diseases.

Miss M. E. Nash, McGill, 1922, who has been Supervisor of the North End District, Montreal, V.O.N., has been appointed Supervisor of the Central District.

Miss E. Graham, McGill, 1923, has been appointed Supervisor of the North End District, Montreal, V.O.N.

Miss Ella Ratz, Toronto University, 1924, who has been on the Montreal V.O.N. staff, has been transferred to Sherbrooke, P.Q., to take charge of that district.

The Victorian Order of Nurses, Montreal, has recently opened a Department of Occupational Therapy for the benefit of their chronic patients. This work is carried on by a volunteer staff at present and the work is increasing rapidly. The nurses have noticed a wonderful improvement in the mental attitude of these patients, many of whom felt that life held nothing of interest for them. Now they are happy in the knowledge that they can really do something, and in many cases add to the family income, as there has been a ready sale for the work of their hands.

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## NEW BRUNSWICK

### St. Stephen

Miss Emma Sharpe (C.M.H., St. Stephen) has returned to California after spending the summer throughout the province.

Miss Florence Cunningham (C.M.H., St. Stephen) has accepted the position of Assistant Superintendent to Miss Budd in the Woodstock Hospital.

## BIRTHS

BABISTER—On July 26th, 1924, at McKellar General Hospital, Fort William, to Mr. and Mrs. Harold Babister (Clara Ross, McKellar General Hospital), a daughter.

CONWAY—On September 18th, 1924, at Wellesley Hospital, Toronto, to Dr. and Mrs. H. R. Conway (Abigail, Derbyshire, Wellesley Hospital, 1921), a daughter.

EDWARDS—On September 26th, 1924, at McKellar General Hospital, to Mr. and Mrs. Fred. Edwards (Marion Bare, McKellar General Hospital), a daughter.

FLETCHER—On September 2nd, to Dr. and Mrs. Almon Fletcher (Helen Mowat), Toronto, twin daughters.

MONTGOMERY—On July 25th, 1924, at St. Boniface Hospital, to Dr. and Mrs. W. G. Montgomery (Ethel Coley, St. Boniface, 1921), a daughter.

McMILLAN—On September 8th, 1924, at Wellesley Hospital, Toronto, to Mr. and Mrs. Wallace McMillan (Florence McKee, Wellesley Hospital, 1923), a daughter.

MILLS—On September 6th, to Mr. and Mrs. Paul Mills (Clara Chisholm, 1919), Toronto, a daughter.

NORMAN—On September 30th, 1924, to Dr. and Mrs. James Norman (nee Miss Jessie Milne), of Toronto, a son.

PARKER—On September 29th, 1924, at Winnipeg, to Mr. and Mrs. Judd Parker (nee Bella Walm), a son.

TOOLE—On July 26th, 1924, at St. Joseph's General Hospital, Port Arthur, Ontario, to Mr. and Mrs. J. Toole (Florence Gwynne, McKellar General Hospital), a son.

PETERS—On July 8th, 1924, at Kingston General Hospital, to Mr. and Mrs. W. P. Peters (Hazel Coon, K.G.H.), a son (Stewart Sanford).

SALKELD—On August 18th, 1924, at Goderich, Ont., to Mr. and Mrs. George Salkeld (Charlotte Cuff, Alexandra Marine and General Hospital, Goderich, 1915), a daughter.

SHEPHERD—On September 22nd, 1924, to Mr. and Mrs. Bertram Shepherd (Amy Bone, 1918), Toronto, a son.

WATSON—On August 21st, 1924, to Mr. and Mrs. Stafford Watson (Margaret Colquhoun, 1916), Toronto, a daughter.

# Official Directory

## EXECUTIVE COMMITTEE, CANADIAN NURSES' ASSOCIATION

### Officers

**Honorary President**.....Miss M. A. Snively, 50 Maitland Street, Toronto, Ont.
**President**.....Miss Jean E. Browne, 410 Sherbourne Street, Toronto, Ont.
**First Vice-President**....Miss Kate Mathieson, Riverdale Isolation Hospital, Toronto, Ont.
**Second Vice-President**.....Miss M. Hersey, Royal Victoria Hospital, Montreal, P.Q.
**Honorary Secretary**.....Miss Mabel F. Gray, 2331 Victoria Avenue, Regina, Sask.
**Honorary Treasurer**.....Miss Mary Shaw, Jeffery Hale's Hospital, Quebec, P.Q.

### COUNCILLORS

**Alberta:** 1 Mrs. Kate Manson, Royal Alexandra Hospital, Edmonton; 2 Miss Eleanor McPhedran, Central Alberta Sanitorium, Calgary; 3 Miss Elizabeth Clark, Dept. of Health, University of Alberta, Edmonton.

**British Columbia:** 1 Miss Elizabeth Breeze, 125 Vancouver Blk., Vancouver 2 Miss Ethel I. Johns, Dept. of Nursing, University of British Columbia, Vancouver; 3 Miss Mary Campbell, Suite 8, 1625 Tenth Ave. W., Vancouver; 4 Miss E. McLeay, 1532 Comox St., Vancouver.

**Manitoba:** 1 Miss Elsie Wilson, 798 Grosvenor Ave., Winnipeg; 2 Miss Annie Kinder, Children's Hospital, Winnipeg; 3 Miss Anna E. Wells, Dept. of Health, Parliament Bldgs., Winnipeg; 4 Miss Minnie Frost, Suite 16, Theodora Apts., Winnipeg.

**Nova Scotia:** 1 Miss Laura M. Hubley, Military Hospital, Cogswell St., Halifax; 2 Miss Sibella A. Barrington, Room 10, Eastern Trust Bldg., Halifax; 3 Miss Margaret McKenzie, Dept. Public Health Nursing, Halifax; 4 Miss Jane F. Watkins, c/o Mrs. Downey, 63 Henry Street, Halifax.

**New Brunswick:** 1 Miss Margaret Murdock, General Public Hospital, St. John; 2 Miss Victoria Winslow, General Hospital, Fredericton; 3 Miss Harriet Meiklejohn, St. John Health Centre, St. John; 4 Miss Mabel McMullin, St. Stephen.

**Ontario:** 1 Miss Esther Cook, Hospital for Incurables Toronto; 2 Miss E. McP. Dickson, Toronto Free Hospital, Weston; 3 Miss Eunice H. Dyke, Dept. of Health, City Hall, Toronto; 4 Miss Helen Carruthers, 404 Sherbourne St., Toronto.

**Prince Edward Island:** 1 Miss Hutchison.

**Quebec:** 1 Miss F. M. Shaw, McGill University, Montreal, P.Q.; 2 Rev. Sr. Duckett, 71 Lagauchetiere St., Montreal, P.Q.; 3 Miss Margaret L. Moag, 40 Bishop St., Montreal, P.Q.; 4 Miss Christina Watling, 29 Buckingham Ave., Montreal, P.Q.

**Saskatchewan:** 1 Miss Ruby Simpson, Dept. of Education, Regina; 2 Miss Caroline Guillod, General Hospital, Maple Creek; 3 Miss Elsie Nicholson, 2331 Victoria Ave., Regina; 4 Miss Christina Andrew, 2301 Halifax St., Regina.

### ADDITIONAL MEMBERS TO EXECUTIVE
(Chairmen National Sections)

**Nursing Education:** Miss F. M. Shaw, McGill University, Montreal, P.Q. **Public Health:** Miss Florence Emory, Dept. of Nursing, Toronto University, Toronto, Ont. **Private Duty:** Miss Isabel McElroy, 18 Botelier St., Ottawa, Ont.

**Executive Secretary**.....Miss Jean S. Wilson

**National Office, 609, Boyd Building, Winnipeg Man.**

1—President Provincial Association of Nurses.
2—Chairman Nursing Education Section.
3—Chairman Public Health Section.
4—Chairman Private Duty Section.

### NURSING EDUCATION SECTION

**Chairman:** Miss F. M. Shaw, School for Graduate Nurses, McGill University, Montreal, P.Q. **Vice-Chairman:** Miss E. I. Johns, Dept. of Nursing, University of British Columbia, Vancouver, B.C. **Secretary:** Miss C. M. Ferguson, Alexandra Hospital, Montreal, P.Q. **Treasurer:** Miss G. M. Bennett, Ottawa Civic Hospital, Ottawa, Ont.

**Councillors.—Alberta:** **British Columbia:** Miss H. Randal. **Manitoba:** Miss E. Russell. **New Brunswick:** Miss Winslow. **Nova Scotia:** Miss A. Carson. **Ontario:** **Prince Edward Isle:** **Quebec:** **Saskatchewan:**

**Convener Press Committee:** Miss E. Rayside, General Hospital, Hamilton. Ont.

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**Convenor Press Committee:** Miss Amelia M. Cahill, 723 Bloor St., Toronto, Ont.

### PUBLIC HEALTH SECTION
Executive Committee

**Chairman:** Miss Florence Emory, 26 Algonquin Ave., Toronto, Ont. **Vice-Chairman:** Miss Elisabeth Breeze, R. N., 125 Vancouver Block, Vancouver, B.C. **Secretary:** Miss Muriel Mackay, 190 University Ave., Toronto, Ont.

**Councillors.—Alberta:** Miss Elizabeth Clark, Provincial Dept. of Public Health, Edmonton. **British Columbia:** Miss Mary Campbell, R.N., Suite 8, 1625 Tenth Ave. W., Vancouver. **Manitoba:** Miss A. E. Wells, Provincial Health Dept., Winnipeg. **Ontario:** Miss E. H. Dyke, c/o Health Dept., City Hall, Toronto. **New Brunswick:** Miss H. T. Meiklejohn, Health Centre, St. John. **Nova Scotia:** Miss Margaret Mackenzie, Provincial Dept. of Public Health, Halifax. **Quebec:** Miss M. L. Moag, R.N., 46 Bishop St., Montreal. **Saskatchewan:** Miss Elsie Nicholson, Red Cross Headquarters, Regina.

**Convener Publication Committee:** Miss E. Wilson, Provincial Dept. of Nursing, Parliament Bldg., Winnipeg, Man.

### ALBERTA ASSOCIATION OF REGISTERED NURSES
(Incorporated April 19, 1916)

President, Mrs. K. Manson, Royal Alexandra Hospital, Edmonton; First Vice-President, Miss L. M. Edy, Calgary; Second Vice-President, Miss F. S. Macmillan, Edmonton; Secretary-Treasurer and Registrar, Miss E. McPhedran, Central Alberta Sanitarium, Calgary.

Councillors: Miss E. M. Rutherford, Calgary; Miss E. M. Auger, Medicine Hat; Mrs. N. Edwards, Edmonton.

## MARRIAGES

KIDD—SAVILLE—At Regina, on August 15th, 1924, Gertrude Saville, Public Health Nurse, Manitoba, to Charles Jerdan Kidd, Canadian Bank of Commerce, Nordegg, Alta.

SAUNDERS—WEST—On September 17th, at Campbellford, Ontario, Maud West (1920) to Major R. P. Saunders, of Toronto.

SCHOLFIELD—WILSON—On June 18th, Flora Wilson (1917) to E. Scholfield, of Toronto.

HIPWELL—LAIDLAW — On September 9th, Luella Laidlaw (1923) to Dr. E. R. Hipwell.

JOHNSTON—McKAY — On September 9th, Eleanor McKay (1923), of Pembroke, Ont., to Squadron Leader George Owen Johnston, of Ottawa.

McMILLAN—MacINTOSH — On August 2nd, at Lucknow, Ont., Donalda MacIntosh (1923) to the Rev. H. A. McMillan.

(The Rev. H. A. and Mrs. McMillan purpose going to Formosa to do mission work.)

WILSON—FARRELL — In Montreal, in the month of September, Eva Farrell (graduate of the Montreal General Hospital) to Mr. Wilson, of Montreal.

MITCHELL—DUNCAN—On October 4th, 1924, at St. Matthew's Presbyterian Church, Montreal, by the Rev. George E. Ross, Mary Ethel, daughter of Mr. and Mrs. W. F. Duncan, to Hubert Mitchell, formerly of Charlottetown, P.E.I.

GRADY—DICKSON—On October 4th, in Calgary, Jessie Dickson (T.G.H., 1918) to Bruce Grady. Mr. and Mrs. Grady will reside in Calgary.

McNABB—HICKS—On October 4th, at Knox College Chapel, Toronto, Gertrude Ivy Hicks (T.G.H., 1923) to Duncan H. McNabb. Mr. and Mrs. McNabb will live in Orillia.

GILRAY—ELLIOTT—On June 13th, in Toronto, Gladys Elliott (T.G.H., 1917) to Stuart Gilray, of Toronto.

MACDONALD—GRAHAM — On August 27th, at Winnipeg, Man., Harriet Graham, of New Glasgow, N.S., to James Daniel Macdonald. Mr. and Mrs. Macdonald will reside in Saskatoon.

RUNDLE—SALKELD — On September 17th, 1924, at Goderich, Ont., Elizabeth Irene Salkeld (Alexandra Marine and General Hospital, Goderich, Ontario, 1922) to Thomas Roy Rundle, of Goderich.

LASKEY—MORRIS — Evelyn Morris (C.M.H., St. Stephen, N.B.) to Frank Laskey, of Fort Fairfield, Me., U.S.A.

RICHARDS—FAIRFULL — On Wednesday, September 17th, at Walkerton, Ont., Lilian Fairfull (K.G.H., 1922) to Dr. A. R. Richards (Queen's University), of Hindford, Ontario.

JONES—LEGASE—On September 16th, at Biscotasing, Ontario, Donalda Legase (McKellar General Hospital, 1920) to Reginald Jones, of Fort William. Mr. and Mrs. Jones are residing at Fort William.

DOWNEY—EASTON—On September 5th, 1924, at Fort William Ontario, Cecilia Easton (McKellar General Hospital, 1924) to J. F. Downey.

SULLIVAN—ROACH—On May 21st, 1924, at Toronto, Marie Roach (St. Michael's Hospital, 1919) to Dr. Orland Sullivan.

BLOY—MILLER—On September 16th, 1924, at Allentown, Pa., Bertha A. Bloy (Children's Hospital, Winnipeg, 1922), to Philip S. Miller, of Lincoln University, Pa.

BRIGHT—FAIRCLOUGH—On June 21st, 1924, at Hamilton, Ont., Gladys Fairclough (Wellesley Hospital, 1920) to Roy Bright, of Myrtle, Ont.

CHRYSLER—O'HARA—On June 27th, 1924, at Toronto, Marian O'Hara (Wellesley Hospital, 1924) to Percy Chrysler.

CALDWELL—INGALL—On August 19th, 1924, at Peterborough, Ont., Effie Fingall (Wellesley Hospital, 1919) to Dr. William S. Caldwell, of Detroit, Mich.

## DEATHS

FINDLAY—Suddenly, on September 20th, 1924, at St. John's Hospital, Toronto, Mrs. Ada Findlay (T.G.H., 1900).

WRIGHT—At Victoria Hospital, Victoria, B.C., recently, Mrs. Wright (nee Erie Tredwell, of St. Thomas), wife of Dr. Wright, of Smooth Rock Falls, Ontario. The late Mrs. Wright was a graduate of the Victoria Hospital Training School for Nurses, London, Ont.

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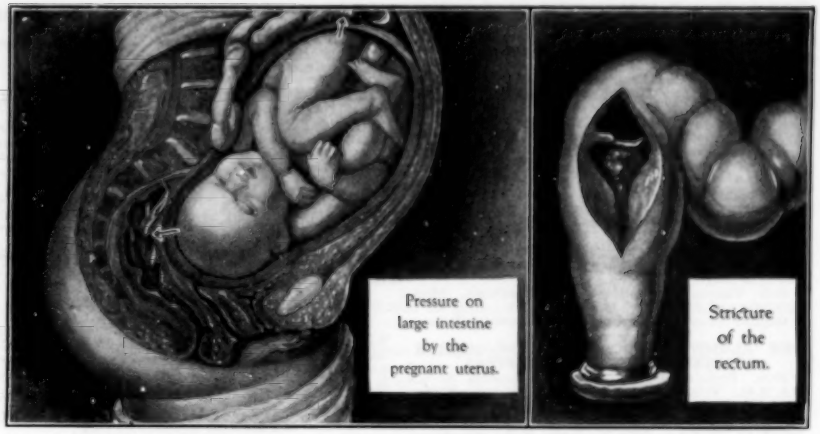


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